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A SUPPLEMENTAL FITNESS REPORT FORM FOR EVALUATING NAVAL MEDICAL OFFICERS

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A SUPPLEMENTAL FITNESS REPORT FORM FOR EVALUATING NAVAL MEDICAL OFFICERS

A DISSERTATION

SUBMITTED TO THE GRADUATE SCHOOL

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DEPARTMENT OF PSYCHOLOGY

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Summary.

Many naval officers have become aware of special problems associated with the fitness reporting or merit rating of naval medical officers by naval line officers and senior medical officers on a standard service-wide rating form. It was believed that a supplemental rating form, designed specifically for medical officers and to be marked by medical officers, would considerably reduce the apparent difficulties. Incorporation of such a supplemental form would not require any major changes in the existing fitness reporting procedures. The construction of a supplemental form was accomplished by interviewing naval medical officers to establish differentiating questions applicable to naval medical officers. These questions were combined into an experimental graphic rating form. A questionnaire was designed to evaluate the individual questions and the form of the supplement as well as medical officer's attitudes regarding fitness reporting procedures. The supplemental rating form and the evaluating questionnaire were sent to a random twenty percent sample of the Naval Medical Corps for evaluation and comment. The returns and comments from this sample of medical officers conclusively indicated that a supplemental rating form would be a desirable addition to the fitness reporting procedure.

The Staff Rating Problem.

There has been considerable feeling expressed by both

OFFICER'S FITNESS REPORT
INSTRUCTION SHEET

IMPORTANT INSTRUCTIONS—READ CAREFULLY

GENERAL INSTRUCTIONS

The attached revised Officer's Fitness Report is to be used in place of the old forms, NAVPERS 310 and 311.

This form serves the following purposes:

1. It serves as a report of fitness for all officers both afloat and on shore.
2. The first carbon—(Page 2)—keeps up to date in BuPers the Officer's Qualifications Questionnaire, which provides the Bureau with information covering each officer's previous experience and qualifications for various types of duty.
3. The second carbon—(Page 3)—provides data covering changes in the officer's qualifications and is to be filed in the Officer's Qualification Record Jacket as an aid to Commanding Officers and Personnel Officers in assigning him properly.

This form is to be submitted semi-annually for all officers (quarterly for Commanders and Captains in command of units afloat, individual ships or operating commands) and in all cases of permanent detachment of either the officer or reporting senior. Special reports on this form will be submitted ONLY at the following times:

1. When directed by higher authority.
2. When officer is recommended for trial by General Court Martial.
3. Upon receipt of orders for officer to report to Bureau of Naval Personnel for disciplinary hearing.
4. When requesting detachment of officer (attach to request).
5. Upon recommendation that officer be disenrolled.
6. When specifically directed by Bureau of Naval Personnel.

A typewriter is to be used when at all possible in filling out Sections 1 through 6. Since 96% of all fitness reports received in BuPers are typed, the form has been constructed for that type of preparation. Care should be exercised that the carbon copies are legible if a typewriter is not used.

INSTRUCTIONS FOR REPORTING OFFICERS

In deciding on promotions of officers, Selection Boards must, in effect, compare an officer with others of the same rank rather than with more arbitrary standards. You will note that in Section 7 and subsequent sections you are asked to do just that — compare each officer with all others of the same rank and corps whose professional abilities are known to you personally. Please note that the officer is not to be compared only with the others of his rank now under your command. For this reason, it is important to indicate in Section 9b how many officers are included in the group you use for comparison.

In making this comparison, keep in mind that the group of officers whose professional abilities are known to you personally (or any other group of people) will fall into a normal distribution when graded on any trait or factor—that is, there will be a small number at the lower end, a larger group in the middle, and a small group at the top. With this curve in mind, compare the officer with the group and mark him on each factor in Section 7 as falling in one of the five brackets—the lower 10%, the next 20%, the middle 40%, the next 20% or the top 10%. Do not hesitate to mark "not observed" on any factor which you think not applicable to the duty in which you have observed the officer or in which your observation has been too limited to warrant judgment.

No entry which is made in Section 7 will be considered an unsatisfactory report. Only adverse comment in Section 6 and entries so designated in Sections 8, 9, 11 and 12 will be so considered.

An unsatisfactory report must be referred to the officer reported on for his statement which is to be attached to the report of fitness. In any case open to question as to what constitutes an entry of an unfavorable or unsatisfactory nature the officer will always be given the benefit of having seen the report. (See Article 137 Navy Regulations, General Order No. 62, and BuPers Manual Article C-1006).

The Bureau desires that reporting seniors make every effort to show each fitness report to the officer reported upon and to discuss it with him, in so far as practicable. In this connection please note the instructions in Section 12 which provide that statements of a constructive nature which refer to minor imperfections or lack of qualifications do not constitute an unsatisfactory report. On every report of fitness, the reporting senior will indicate under Section 12 whether the officer reported on has or has not seen the report.

The reporting senior will sign all three pages of the report in the lower right hand corner, or will sign the original and designate a commissioned officer, preferably senior to the officer reported on, to authenticate Pages 2 and 3 in lower right hand corner. The officer reported on may sign and retain Page 3, inserting same in his qualification jacket, if he is geographically detached from the reporting senior.

The Officer's Fitness Report (Page 1) and the Officer's Qualification Report—BuPers Copy—(Page 2) are to be forwarded—not separated—to BuPers. The Officer's Qualification Report—Jacket Copy—(Page 3) is to be detached and filed in the Officer's Qualification Record Jacket.

Fitness Reports are to be submitted promptly and their preparation is one of the most important and responsible duties of superior officers. Failure to prepare them objectively is detrimental to the efficiency of the Navy. If not submitted promptly, the rights of the officer reported on may be prejudiced. The fitness of an officer for the service with respect to promotion and assignment to duty is determined by his record.

INSTRUCTIONS FOR OFFICER REPORTED ON

It is your responsibility to fill out Sections 1 through 5 of this form and to sign all sheets in the lower left-hand corner. Submit the form to your reporting senior at the times specified in the General Instructions above. Use a typewriter, if at all possible—if not, use ink, but be sure that all copies are legible.

NOTE: For convenience there is printed on the back of these instructions a work sheet which may be used as a draft in preparing the carbonized set. The work sheet is to be detached before filling out the carbonized set and is NOT to be forwarded to BuPers.

FIGURE 1.

OFFICER'S FITNESS REPORT WORK SHEET

READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE SIDE

DATE

1. NAME (last) (first) (middle) | RANK AND CLASSIFICATION | FILE NO.

SHIP OR STATION | PERIOD OF REPORT (mo., day, year) DATE FROM | DATE TO

DATE OF REPORTING TO PRESENT SHIP OR STATION | OCCASION FOR REPORT ☐ DETACHMENT OF OFFICER REPORTED ON ☐ DETACHMENT OF REPORTING SENIOR ☐ REGULAR SEMI-ANNUAL ☐ QUARTERLY ☐ SPECIAL

2. DESCRIPTION OF DUTIES SINCE LAST FITNESS REPORT (List most recent first and describe accurately. Include periods of leave, transit, etc., also include employment of ship.) | FROM MO. YR. | TO MO. YR.

Has present duty changed since last fitness report was submitted? ☐ Yes ☐ No

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE OF COURSE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. | Are you physically qualified for Sea Duty? ☐ Yes ☐ No ☐ Don't Know

4. If Aviator, Indicate No. of Flight Hours Last Two years for Each Type Aircraft (List Most Recent Type First)

TYPE OF AIRCRAFT							TOTAL
NO. OF HOURS							

5. MY PREFERENCE FOR NEXT DUTY IS:

SEA	KIND OF DUTY	LOCATION
SHORE	KIND OF DUTY	LOCATION

6. *SECTIONS 6 THROUGH 12 TO BE FILLED IN BY REPORTING OFFICER* | NAME OF REPORTING OFFICER | RANK | FILE NO. | OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON

IS THIS OFFICER QUALIFIED TO PERFORM ALL HIS PRESENT DUTIES? ☐ YES ☐ NO | INDICATE MORE RESPONSIBLE DUTIES FOR WHICH HE IS IN TRAINING. (If none, so state) | DATE OF EXPECTED QUALIFICATION

APPRAISAL FOR DETAIL PURPOSES

Comment on special or outstanding qualifications as well as any physical defects, which should be considered in determining the kinds of duty to which he should be detailed. Only comments on qualifications significant in detailing should be entered here. ANY COMMENTS REGARDING FITNESS FOR PROMOTION SHOULD BE ENTERED IN SECTION 12 ONLY OF PAGE 1.

WORK SHEET

FOR WHAT DUTIES IS HE RECOMMENDED?

ASHORE AFLOAT

7. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE OFFICER COMPARES WITH ALL OTHERS OF THE SAME RANK, CLASSIFICATION AND CORPS WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON ONLY TO THE OTHERS NOW UNDER YOUR COMMAND. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUALITY WHEN APPROPRIATE. NO ENTRY WHICH IS MADE IN THIS SECTION WILL BE CONSIDERED AN UNSATISFACTORY REPORT WHICH MUST BE REFERRED TO THE OFFICER FOR STATEMENT. ONLY ENTRIES DESIGNATED IN SECTIONS 8, 9, 11 AND 12 WILL BE SO CONSIDERED.

	RATING FACTORS	Not Observed	Within Bottom 10%	Within Next 20%	Within Middle 40%	Within Next Top 20%	Within Top 10%
A. SEA OR ADVANCE BASE DUTY How does this officer compare in: NOTE: ITEM (A3) TO BE MARKED FOR ALL OFFICERS.	1. STANDING DECK WATCHES UNDERWAY?						
	2. ABILITY TO COMMAND?						
	3. PERFORMANCE IN PRESENT DUTIES AS DESCRIBED IN SECTION 2, ABOVE?						
	4. REACTIONS DURING EMERGENCIES?						
	5. PERFORMANCE AT BATTLE STATION OR IN BATTLE DUTIES?						
B. INITIATIVE AND RESPONSIBILITY How well does this officer:	1. ASSUME RESPONSIBILITY WHEN SPECIFIC INSTRUCTIONS ARE LACKING?						
	2. GIVE FRANK OPINIONS WHEN ASKED OR VOLUNTEER THEM WHEN NECESSARY TO AVOID MISTAKES?						
	3. FOLLOW THROUGH DESPITE OBSTACLES IN CARRYING OUT RESPONSIBILITIES ASSIGNED OR ASSUMED?						
C. UNDERSTANDING AND SKILL How well does this officer:	1. UNDERSTAND INSTRUCTIONS GIVEN, AND USE SUGGESTIONS OFFERED?						
	2. EXERCISE JUDGMENT?						
	3. RATE IN TECHNICAL COMPETENCE IN HIS SPECIALTY, IF ANY? (Name Specialty)						
D. LEADERSHIP How well does this officer:	1. INSPIRE SUBORDINATES TO WORK TO THE MAXIMUM OF THEIR CAPACITY?						
	2. EFFECTIVELY DELEGATE TASKS AND AUTHORITY?						
	3. TRANSMIT ORDERS, INSTRUCTIONS, AND PLANS?						
	4. ORGANIZE HIS WORK AND THAT OF THOSE UNDER HIS COMMAND OR SUPERVISION?						
	5. MAINTAIN DISCIPLINE AMONG THOSE UNDER HIS COMMAND OR DIRECTION?						
E. CONDUCT AND WORK HABITS How does this officer compare in:	1. ABILITY TO WORK WITH OTHERS?						
	2. ABILITY TO ADAPT TO CHANGING NEEDS AND CONDITIONS?						
	3. MILITARY CONDUCT—BEARING, DRESS, COURTESY, ETC.?						

8. INDICATE YOUR ATTITUDE TOWARD HAVING THIS OFFICER UNDER YOUR COMMAND, WOULD YOU: (Check one) ☐ DEFINITELY NOT WANT HIM? (UNSATISFACTORY) ☐ PREFER NOT TO HAVE HIM? (UNSATISFACTORY) ☐ BE SATISFIED TO HAVE HIM? ☐ BE PLEASED TO HAVE HIM? ☐ PARTICULARLY DESIRE HIM?

9a. Considering All Officers of the Same Rank, Classification and Corps, Whose Professional Abilities Are Known to You Personally, Would You Promote Him: (Check one) ☐ UNDER NO CIRCUMSTANCES? (Unsatisfactory) ☐ IF 90% WERE TO BE PROMOTED? ☐ IF 70% WERE TO BE PROMOTED? ☐ IF 30% WERE TO BE PROMOTED? ☐ IF ONLY 10% WERE TO BE PROMOTED?

9b. How many Officers are included in the group used for the comparison in 9a? ☐ 10 OR LESS ☐ 10 TO 50 ☐ OVER 50

10. COMMENT IN SECTION 12 AND GIVE REFERENCE HERE TO ANY COMMENDABLE OR ADVERSE REPORTS THAT HAVE BEEN MADE ON THE OFFICER DURING THIS PERIOD.

11. HAVE YOU ANY ADVERSE COMMENTS TO MAKE REGARDING THIS OFFICER'S QUALITIES OR PERFORMANCE? ☐ YES ☐ NO
HAS HE ANY MENTAL OR MORAL WEAKNESS WHICH ADVERSELY AFFECTS HIS EFFICIENCY? ☐ YES ☐ NO
If yes, explain in Section 12.

UNSATISFACTORY. Yes in either item of Section 11 constitutes an unsatisfactory report and must be referred to the officer for statement.

12. Give in this space a clear, concise appraisal of the officer reported on and his performance of duty, including any worthy of special mention. Include recommendations as to promotion. Any statements of unsatisfactory performance, ability, character, or conduct must be referred to the officer for statement. Statements of a constructive nature which refer to minor imperfections or lack of qualifications do not constitute an unsatisfactory report. For example: "This officer was a little slow in getting started but is now making good progress" or "This officer is well qualified in his present duties but has had no experience at sea" would not be unsatisfactory in nature.

Check one of these boxes — I CONSIDER THIS REPORT TO BE ☐ SATISFACTORY ☐ UNFAVORABLE ☐ UNSATISFACTORY

DO NOT LEAVE BLANK

1. NAME (last) (first) (middle) | RANK AND CLASSIFICATION | FILE NO.

SHIP OR STATION | PERIOD OF REPORT (mo., day, year) DATE FROM | DATE TO

DATE OF REPORTING TO PRESENT SHIP OR STATION | OCCASION FOR REPORT

☐ DETACHMENT OF OFFICER REPORTED ON ☐ DETACHMENT OF REPORTING SENIOR ☐ REGULAR SEMI-ANNUAL ☐ QUARTERLY ☐ SPECIAL

2. DESCRIPTION OF DUTIES SINCE LAST FITNESS REPORT (List most recent first and describe accurately. Include periods of leave, transit, etc., also include employment of ship.)

	FROM MO.	FROM YR.	TO MO.	TO YR.

Has present duty changed since last fitness report was submitted? ☐ Yes ☐ No

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE OF COURSE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED.

Are you physically qualified for Sea Duty? ☐ Yes ☐ No ☐ Don't Know

4. If Aviator, Indicate No. of Flight Hours Last Two years for Each Type Aircraft (List Most Recent Type First)

							TOTAL
TYPE OF AIRCRAFT							
NO. OF HOURS							

5. MY PREFERENCE FOR NEXT DUTY IS:

SEA	KIND OF DUTY	LOCATION
SHORE	KIND OF DUTY	LOCATION

6. *SECTIONS 6 THROUGH 12 TO BE FILLED IN BY REPORTING OFFICER* | NAME OF REPORTING OFFICER | RANK | FILE NO. | OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON

IS THIS OFFICER QUALIFIED TO PERFORM ALL HIS PRESENT DUTIES? ☐ YES ☐ NO | INDICATE MORE RESPONSIBLE DUTIES FOR WHICH HE IS IN TRAINING. (If none, so state) | DATE OF EXPECTED QUALIFICATION

FOR DETAIL PURPOSES

Comment on special or outstanding qualifications as well as any physical defects, which should be considered in determining the kinds of duty to which he should be detailed. Only comments on qualifications significant in detailing should be entered here. ANY COMMENTS REGARDING FITNESS FOR PROMOTION SHOULD BE ENTERED IN SECTION 12 ONLY OF PAGE 1.

APPRAISAL

FOR WHAT DUTIES IS HE RECOMMENDED?

ASHORE AFLOAT

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RATING FACTORS		Not Observed	Within Bottom 10%	Within Next 20%	Within Middle 40%	Within Next Top 20%	Within Top 10%
A. SEA OR ADVANCE BASE DUTY How does this officer compare in: NOTE: ITEM (A5) TO BE MARKED FOR ALL OFFICERS.	1. STANDING DECK WATCHES UNDERWAY?						
	2. ABILITY TO COMMAND?						
	3. PERFORMANCE IN PRESENT DUTIES AS DESCRIBED IN SECTION 2, ABOVE?						
	4. REACTIONS DURING EMERGENCIES?						
	5. PERFORMANCE AT BATTLE STATION OR IN BATTLE DUTIES?						
B. INITIATIVE AND RESPONSIBILITY How well does this officer:	1. ASSUME RESPONSIBILITY WHEN SPECIFIC INSTRUCTIONS ARE LACKING?						
	2. GIVE FRANK OPINIONS WHEN ASKED OR VOLUNTEER THEM WHEN NECESSARY TO AVOID MISTAKES?						
	3. FOLLOW THROUGH DESPITE OBSTACLES IN CARRYING OUT RESPONSIBILITIES ASSIGNED OR ASSUMED?						
C. UNDERSTANDING AND SKILL How well does this officer:	1. UNDERSTAND INSTRUCTIONS GIVEN, AND USE SUGGESTIONS OFFERED?						
	2. EXERCISE JUDGMENT?						
	3. RATE IN TECHNICAL COMPETENCE IN HIS SPECIALTY, IF ANY? (Name Specialty)						
D. LEADERSHIP How well does this officer:	1. INSPIRE SUBORDINATES TO WORK TO THE MAXIMUM OF THEIR CAPACITY?						
	2. EFFECTIVELY DELEGATE TASKS AND AUTHORITY?						
	3. TRANSMIT ORDERS, INSTRUCTIONS, AND PLANS?						
	4. ORGANIZE HIS WORK AND THAT OF THOSE UNDER HIS COMMAND OR SUPERVISION?						
	5. MAINTAIN DISCIPLINE AMONG THOSE UNDER HIS COMMAND OR DIRECTION?						
E. CONDUCT AND WORK HABITS How does this officer compare in:	1. ABILITY TO WORK WITH OTHERS?						
	2. ABILITY TO ADAPT TO CHANGING NEEDS AND CONDITIONS?						
	3. MILITARY CONDUCT—BEARING, DRESS, COURTESY, ETC.?						

8. INDICATE YOUR ATTITUDE TOWARD HAVING THIS OFFICER UNDER YOUR COMMAND, WOULD YOU: (Check one) ☐ DEFINITELY NOT WANT HIM? (UNSATISFACTORY) ☐ PREFER NOT TO HAVE HIM? (UNSATISFACTORY) ☐ BE SATISFIED TO HAVE HIM? ☐ BE PLEASED TO HAVE HIM? ☐ PARTICULARLY DESIRE HIM?

9a. Considering All Officers of the Same Rank, Classification and Corps, Whose Professional Abilities Are Known to You Personally, Would You Promote Him: (Check one) ☐ UNDER NO CIRCUMSTANCES? (Unsatisfactory) ☐ IF 90% WERE TO BE PROMOTED? ☐ IF 70% WERE TO BE PROMOTED? ☐ IF 30% WERE TO BE PROMOTED? ☐ IF ONLY 10% WERE TO BE PROMOTED?

9b. How many Officers are included in the group used for the comparison in 9a? ☐ 10 OR LESS ☐ 10 TO 50 ☐ OVER 50

10. COMMENT IN SECTION 12 AND GIVE REFERENCE HERE TO ANY COMMENDABLE OR ADVERSE REPORTS THAT HAVE BEEN MADE ON THE OFFICER DURING THIS PERIOD.

11. HAVE YOU ANY ADVERSE COMMENTS TO MAKE REGARDING THIS OFFICER'S QUALITIES OR PERFORMANCE? ☐ YES ☐ NO
HAS HE ANY MENTAL OR MORAL WEAKNESS WHICH ADVERSELY AFFECTS HIS EFFICIENCY? ☐ YES ☐ NO
If yes, explain in Section 12.

UNSATISFACTORY. Yes in either item of Section 11 constitutes an unsatisfactory report and must be referred to the officer for statement.

12. Give in this space a clear, concise appraisal of the officer reported on and his performance of duty, including any worthy of special mention. Include recommendations as to promotion. Any statements of unsatisfactory performance, ability, character, or conduct must be referred to the officer for statement. Statements of a constructive nature which refer to minor imperfections or lack of qualifications do not constitute an unsatisfactory report. For example: "This officer was a little slow in getting started but is now making good progress" or "This officer is well qualified in his present duties but has had no experience at sea" would not be unsatisfactory in nature.

Check one of these boxes — I CONSIDER THIS REPORT TO BE ☐ SATISFACTORY ☐ UNFAVORABLE ☐ UNSATISFACTORY

DO NOT LEAVE BLANK

(If additional space is needed attach extra sheet)

SIGNATURE OF OFFICER REPORTED ON (Applies only to Sections 1 through 5) | SIGNATURE OF REPORTING OFFICER | Has this report been shown or referred to officer reported on? ☐ Yes ☐ No

When completed remove carbon paper, forward Pages 1 and 2, not detached, to BuPers. Retain Page 3 for "Officer's Qualification Record Jacket".

the staff corps officers and the line officers of the U.S. Navy concerning the system employed at present for the reporting of fitness or the merit rating of staff officers. In the U.S. Navy, staff corps officers include medical, dental, supply, civil engineering, chaplin corps officers etc., whose logistic functions require specialized professional training. Line officers are general duty officers who constitute the chain of command and who are trained in the arts of naval warfare. Normally, unless attached to a specialized staff unit headed by a staff officer, the staff officer is attached to a unit which is commanded by a line officer. By naval procedure it is the Commanding Officer's function to report on the performance of duty of all officers under his command. Consequently, under such circumstances he reports on the professional performance of duty of such staff officers as might be under his command. In most cases he is not cognizant of the professional requirements or standards of each corps nor has he the academic background to adequately appraise the performance of these officers. In many cases his appraisal is made on the basis of personal appearance, personality and the social aspects which are apparent in their day to day contacts.

In addition to the academic inadequacies of the line officer to accurately appraise a staff officer, the situation exists that all naval officers, whether line or staff, are appraised on the same fitness report form (Figure 1). This fitness report form was primarily designed for the evaluation of

line officers.[1] Its use for the evaluation of staff officers requires many and varied interpretations of the questions in order to make them apply to the staff specialty. Section 12 of this form, which requires a concise written appraisal of the officer, is the only section which can clearly be adapted to a staff specialty without interpretation. The lack of specific questions directed at a staff specialty causes varied interpretations of performance standards when raters are not intimately associated with the staff specialty.

Many line commanding officers realize the fallacy of the system as it exists. In situations where more than one officer of a staff specialty is attached to the command, the commanding officer will delegate to the senior the task of preparing the fitness reports of the juniors. This report must still be signed by the commanding officer and unless a specific notation is made of this delegation in the body of the report, it is assumed by all bureaus and boards reviewing these reports that this staff officer's evaluation was made by the officer signing the report.

A Corrective Approach.

The general fitness reporting procedures employed at present are an integral part of the administrative and command structure of the U.S. Navy. The commanding officer of a ship, station or unit is responsible for the ship, station, or unit and for the actions of all officers attached thereto. Such

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[1]Information furnished by the Officer Performance Division of the Bureau of Naval Personnel, Navy Department.

being the case, the fitness report must remain with the commanding officer. This is equally true for staff officers attached to a line command. However, in order to professionally appraise the performance of duty of staff officers, it is believed that a supplemental fitness report form, devised for each staff corps and used in addition to and in conjunction with the regular fitness report, would offer a solution. This supplemental fitness report form would, where ever possible, be completed and signed by a like staff officer and its contents would bear entirely upon the professional aspects of the performance of duty. Where a professional appraisal were impossible by a like staff officer, the line commanding officer would answer only specifically designated questions on the supplemental fitness report form which line officers are found qualified to answer.

Proceeding on the premiss that such supplemental fitness report forms would be beneficial to the U.S. Navy, this study has concerned itself with the construction and evaluation of a supplemental fitness report form for officers of the medical corps of the U.S. Navy. The choice of this staff corps was influenced and determined by the availability and cooperativeness of naval medical facilities in this general area.

The Construction of a Rating Form.

The average layman has many strong preconceptions of what qualities are essential in a competent medical officer. These vary from a pleasing bed-side manner to specified degrees of surgical skill. In most instances these preconceptions

have little correlation with the opinions of fellow doctors who by their association and knowledge are most qualified to judge. Thus in order to establish general areas of performance appraisal for this study it was considered essential that they be elicited from within the medical profession.

Twenty-two doctors were interviewed in a preliminary survey and their ideas consolidated to make general areas of appraisal and specific questions within these areas. Fourteen of these doctors were regular navy medical officers attached either at the Great Lakes Naval Hospital or to Naval Staffs in the Chicago area. Four were Naval Reserve doctors who spend approximately two weeks per year on active duty with the Navy. Four were civilian doctors who during the war had served with the Navy and who therefore were familiar with service problems and the fitness report procedures. These doctors were distributed as to rank, either at present or when released from the Navy in the following manner:

Captain	8
Commander	7
Lieutenant Commander	3
Lieutenant	4

These doctors were not selected at random, but chosen as to their experience, present position and availability for interview. At least one representative of every major department in a naval hospital was included in this group.

It was attempted in each of these exploratory interviews to have the conversation follow a definite pattern.

Following the introduction, in which the origin and the purpose of the study was explained, a discussion of the fallacies of merit rating and the present rating system in particular was encouraged. It was found that following these two steps the investigator and the interviewee were usually on common ground and thinking in similar areas. The interviewee was then questioned and drawn upon for areas of performance which might be graded and an attempt made to formulate specific questions within each area during the interview. A positive effort was made to have the interviewee formulate the questions in his own words and to elicit practical situations where these questions would apply. The fact that the investigator was not a medical man greatly facilitated this phase as most interviewees seemed to feel that a complete explanation of the areas and questions was necessary for thorough understanding.

Notes were taken during the interviews and all pertinent thoughts were written up for reference after the termination of the interviews. To be sure that original thought was contributed by each interview, a minimum of suggestions were offered by the investigator and no reference was made to interviews which had previously been completed. The interviews normally required from 45 to 90 minutes, though several extended well beyond two hours.

These interviews almost unanimously established four main areas within which performance of naval medical officers should be appraised. These areas were:

Prescribed Naval Duties,

Intraservice Cooperation and Interest,

Patient Attitude,

Professional Interest and Proficiency.

It became apparent during the interviews that questions relative to these areas would have to be medically specific yet general enough in nature to apply to the diversified duties assigned naval medical officers. These duties include hospital duty, dispensary duty, staff duty, medical field unit duty, shipboard duty, aircraft squadron duty and research duty to mention only a few. For the medical officer each of these duties offers different facilities, type patients, medical procedures, responsibilities and freedom of action.

The selection of a type of rating scale which would encompass all of these various duties and degrees of responsibility without imposing upon the rater too great a degree of interpretation presented a problem. All rating scales in use today were critically examined in the light of the requirements. The graphic rating scale because of its sublineal guiding and explanatory statements was selected as the most adaptable. With this scale a general question could be phrased, and sublineal statements adapted to this question in such a manner that most medical situations would be included and interpretation would be held at a minimum. The use of this scale would also alleviate the necessity for carrying in mind standards as to total range or different degrees of performance. As this form would be a supplement it was felt that the simplicity of checking along a line mitigated the additional work required

of a rater.

In many cases, such as detached duty with a small line command, it is impossible for a medical officer to be rated by a senior medical officer, and in such cases it was considered that the graphic scale would be of great assistance to a line officer in more adequately appraising the medical officer's performance of duty. The line officer would be limited to answering only statements which he was qualified to appraise.

All of the questions and pertinent information gathered in the exploratory interviews were assembled and converted into questions suitable for use in a graphic rating scale. Sublineal statements had not been gathered specifically in these interviews but the detailed discussions which had transpired during the interviews greatly facilitated the investigator in composing these statements. Thirty-five questions which did not contain too great an overlap resulted. Eight to twelve sublineal statements were composed for each question. As the majority of medical officer assignments are in hospital and dispensary duties, sublineal statements were primarily directed toward these duties.

The original twenty-two doctors were again interviewed in an effort to arrive at a pooled judgement as to which questions were the most indicative of standard performance of duty and which sublineal statements best described the varying degrees of performance of the particular duty sought by each question. The questions and their sublineal statements were typed on sheets of paper, about four to a page, so that they

OFFICER'S FITNESS REPORT
NavPers-310A

Date

THIS FORM WILL BE COMPLETED ON MEDICAL OFFICERS IN ADDITION TO AND IN CONJUNCTION WITH OFFICER'S FITNESS REPORT (NavPers-310A). IT WILL BE COMPLETED AND SIGNED BY THE SENIOR MEDICAL OFFICER OF THE COMMAND OR THE REPORTING SENIOR (IF A MEDICAL OFFICER). WHERE AN APPRAISAL BY A SENIOR MEDICAL OFFICER IN THE CHAIN OF COMMAND IS IMPOSSIBLE, ONLY QUESTIONS MARKED BY AN ASTERISK WILL BE GRADED AND WILL BE SIGNED BY THE REPORTING SENIOR WHO SIGNS THE OFFICER'S FITNESS REPORT.

NAME (LAST) (FIRST) (MIDDLE)	RANK AND CLASSIFICATION	FILE NO.
SHIP OR STATION	PERIOD OF REPORT (DATE FROM)	(DATE TO)
NAME OF OFFICER COMPLETING THIS FORM (RANK) (FILE NO.)	OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON	

CHECK ALONG THE LINE THE DEGREE TO WHICH THIS OFFICER HAS PERFORMED OR EXHIBITED THE FUNCTIONS DESCRIBED. DESCRIPTIVE PHRASES BENEATH THE LINE ARE MERELY GUIDES TO INDICATE THE AMOUNT OR DEGREE OF THE FUNCTION REPRESENTED ALONG THE LINE. NO ENTRY WHICH IS MADE ON THIS FORM WILL BE CONSIDERED AN UNSATISFACTORY REPORT WHICH MUST BE REFERRED TO THE OFFICER FOR STATEMENT. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUESTION WHERE APPROPRIATE. ANY ENTRIES MADE IN AN "OUTSTANDING" BOX WILL REQUIRE A SPECIFIC STATEMENT IN SECTION 22 AS TO WHAT THIS OFFICER HAS DONE TO BE OUTSTANDING.

PRESCRIBED NAVAL DUTIES.

1. How well does this officer supervise and maintain records and reports as prescribed by Bu M & S Manual?

Not observed	DOESN'T KNOW WHAT IS REQUIRED.	LEAVES TO CLERICAL CORPSMEN.	OCCASIONALLY 'SPOT' CHECKS RECORDS AND REPORTS.	INSURES THAT GENERALLY ADMINISTERED PROPERLY.	ADEQUATELY SUPERVISES PREPARATION AND MAINTENANCE.	☐ *Outstanding*

2. How well does this officer carry out an active campaign of preventative medicine?

Not observed	WILL IMMUNIZE WHEN DIRECTED.	WILL LECTURE WHEN REQUESTED.	MEETS CONDITIONS WHEN THEY BECOME APPARENT.	OCCASIONALLY SUGGESTS LECTURES AND CHECKS IMMUNIZATIONS.	ANTICIPATES AND TAKES MEASURES TO PREVENT.	☐ *Outstanding*

3. How well does this officer take an active interest in ship or station hygiene and sanitation?

Not observed	PERFORMS ONLY ROUTINE INSTRUCTION AND INSPECTIONS.	INVESTIGATES COMPLAINTS PROMPTLY.	OCCASIONALLY SUGGESTS GROUP INSTRUCTION.	INSPECTS INFORMALLY ON OWN INITIATIVE.	VIGOROUSLY CARRIES OUT INSTRUCTION AND INSPECTIONS.	☐ *Outstanding*

INTRASERVICE COOPERATION AND INTEREST.

4. How well does this officer cooperate with other corps of the Navy?

Not observed	CONSIDERS MOST REQUESTS AN IMPOSITION.	ONLY AS REQUIRED BY REGULATIONS.	WILL COOPERATE WHEN ADVANTAGEOUS TO HIM.	MAKES AN EFFORT TO CARRY OUT REASONABLE REQUEST.	WILL GO OUT OF HIS WAY TO COOPERATE.	☐ *Outstanding*

5. How well does this officer mix with members of other corps of the Navy?

Not observed	MIXES ONLY WHEN REQUIRED.	TENDS TO LIMIT CONTACTS TO MEDICAL OFFICERS.	OCCASIONALLY MIXES WITH OTHER OFFICERS	MIXES WELL WITH OTHER OFFICERS.	IS AN ASSET TO ANY GATHERING.	☐ *Outstanding*

PATIENT ATTITUDE.

6. How much interest does this officer display toward his patients?

Not observed	TREATS ALL PATIENTS WITH AN IMPERSONAL ATTITUDE.	OCCASIONALLY CONSIDERS PATIENTS INDIVIDUALLY.	GENERALLY CONSIDERS THE FEELINGS OF THE PATIENT.	DISPLAYS ACTIVE INTEREST TOWARD PATIENTS.	EXTENDS HIMSELF TO CONSIDER PATIENTS INDIVIDUALLY.	☐ *Outstanding*

7. Does this officer display an active interest in all patients regardless of rank or rate?

Not observed	TENDS TO LIMIT HIS PRACTICE TO OFFICERS.	TENDS TO HAVE CORPSMEN HANDLE ROUTINE SICK CALL.	WILL MINISTER INTERESTING ENLISTED CASES.	GENERALLY MINISTERS TO ENLISTED AND OFFICERS ALIKE.	ALWAYS MINISTERS TO ENLISTED AND OFFICERS ALIKE.	☐ *Outstanding*

8. To what extent has there been any favorable or adverse patient comment-concerning this officer's performance of duty?

Not observed	PATIENTS COMPLAIN AND AVOID HIS SERVICES.	SEVERAL PATIENTS COMPLAIN ABOUT TREATMENT.	NO COMMENT EITHER WAY.	SEVERAL PATIENTS COMMENT FAVORABLY.	PATIENTS PRAISE ACTIONS AND SEEK SERVICES.	☐ *Outstanding*

9. How punctual is this officer about his appointments?

Not observed	INCONSIDERATE OF STAFF AND PATIENTS.	TENDS TO DISREGARD SCHEDULE.	OCCASIONALLY KEEPS STAFF AND PATIENTS WAITING.	SELDOM KEEPS PATIENTS WAITING.	MAKES EVERY EFFORT TO BE ON TIME.	☐ *Outstanding*

(over)

FIGURE 2

10. How well does this officer keep himself informed by current reading about new medical techniques and developments?

Not observed	MUST BE PROODED TO READ CURRENT LITERATURE.	WAITS TILL IT BECOMES COMMON PRACTICE BEFORE INVESTIGATING.	NORMALLY KNOWS ABOUT ONE THIRD OF THE ADVANCEMENTS.	DEVOTES ADEQUATE TIME TO KEEPING SELF REASONABLY INFORMED.	KEEPS HIMSELF WELL INFORMED THROUGH READING AND DISCUSSION.	☐ Outstanding

11. How inquisitive is this officer to explore the potentialities of new techniques or developments?

Not observed	WILL NOT TRY ANYTHING TILL IT IS COMMON PRACTICE.	MUST BE PROODED TO INVESTIGATE A NEW METHOD.	OCCASIONALLY SUGGESTS NEW TECHNIQUES.	ALWAYS OPEN MINDED IN THE DISCUSSION OF NEW DEVELOPMENTS.	IS FREQUENTLY SUGGESTING TRIAL OF NEW METHODS.	☐ Outstanding

12. To what extent does this officer try to supplement his present knowledge by additional study, research or academic attendance?

Not observed	DOES NOT CONSIDER THIS IMPORTANT.	DOES MUCH TALKING BUT LITTLE DOING.	OCCASIONALLY MAKES AN EFFORT.	PERIODICALLY DEVOTES TIME FOR THIS PURPOSE.	CONTINUALLY TRIES TO ADVANCE HIS KNOWLEDGE.	☐ Outstanding

13. What is this officer's medical specialty? _____

PERCENT OF PRESENT DUTY DEVOTED TO THIS SPECIALTY?

0 10 20 30 40 50 60 70 80 90 100

14. To what extent has this officer attempted to achieve certification in his specialty?

Not observed	HAS MADE NO EFFORT TOWARD CERTIFICATION.	IS CONSIDERING PREPARING FOR CERTIFICATION.	IS PREPARING FOR CERTIFICATION.	IS IN THE PROCESS OF BEING CERTIFIED.	HAS BEEN CERTIFIED.	☐ Outstanding

15. How proficient is this officer regarding laboratory techniques?

Not observed	NEEDS ASSISTANCE IN ANALYSING RESULTS.	CAN INTERPRET RESULTS.	CAN OBSERVE AND CORRECT GROSS ERRORS.	CAN CHECK TECHNICIAN'S WORK	UNDERSTANDS TECHNIQUES AND THEIR APPLICATION.	☐ Outstanding

16. How resourceful is this officer when confronted with situations which require independent action, initiative and imagination?

Not observed	IS COMPLETELY BEFUDDLED BY UNUSUAL SITUATIONS.	BECOMES SLIGHTLY CONFUSED AND EXCITED.	REACTS NORMALLY AND WITH MODERATE EFFECTIVENESS.	VERY CAPABLE. SELDOM AT A LOSS.	ANTICIPATES SITUATIONS. EXTREMELY RESOURCEFUL.	☐ Outstanding

17. How well does this officer receive suggestions or advice?

Not observed	RESENTS BEING TOLD HOW TO DO THINGS.	WELCOMES FROM SENIORS, BUT RESENTS FROM EQUALS OR JUNIORS.	RECEIVES WITH RESERVATIONS.	USUALLY WELCOMES WITH SINCERITY.	WEIGHS CAREFULLY AND REACHES OWN DECISION.	☐ Outstanding

18. Does this officer seek advice when in doubt?

Not observed	MUDDLES THROUGH.	OCCASIONALLY DISCUSSES COMPLEX CASES.	SEEKS ADVICE WHEN PROGNOSIS IS NOT CLEAR.	INVARIABLY SEEKS ADVICE WHEN IN DOUBT.	SEEKS ADVICE AND OPINIONS RATHER THAN CHANCE MISTAKE.	☐ Outstanding

19. To what extent does this officer go out of his way to follow the progress of a difficult case through to completion?

Not observed	LEAVES CARE TO NURSES AND CORPSMEN	VISITS PATIENT IRREGULARLY.	VISIT PATIENT ROUTINELY ONLY.	OCCASIONALLY 'LOOK IN' WHEN NOT ON DUTY.	DEVOTES ALL TIME SERIOUSNESS OF THE CASE DEMANDS.	☐ Outstanding

20. To what extent does this officer make an effort to train the corpsmen under his direction?

Not observed	NEVER DEVOTES TIME.	ONLY WHEN IT WILL DECREASE HIS WORK.	WILL STOP AND EXPLAIN CONDITIONS AND PROCEDURES.	TAKES PRIDE IN TRAINING ASSISTANTS.	CONSISTENTLY DEVOTES EXTRA TIME AND EFFORT.	☐ Outstanding

21. The number of medical officers in this rank attached to the command at this time is_____. If these officers were arranged in order, considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No.___ of the total group.

22. (Comments relative to outstanding performance)

_____

_____

_____

_____

_____

SIGNATURE OF OFFICER REPORTED ON *(only if this completed form has been shown to the officer reported on.)*	SIGNATURE OF REPORTING OFFICER

Enclosure (A)

could be easily perused. After the fourth interview of the second series, it became apparent to the investigator that the questions and their sublineal statements were being presented to the doctors in a very cumbrous and unwieldy manner which prevented them from making unhampered choice and re-arraignment. To alleviate this situation the questions alone were typed on sheets of paper, such that the interviewee could either accept, reject or re-phrase a question without being influenced by the list of sublineal statements. The sublineal statements were typed on individual cards such that they could be arranged in any order desired and the most appropriate could be segregated. This procedure greatly expedited the interviews and brought forth many more fruitful comments, criticisms and suggestions. Of the original thirty-five questions, seventeen were eliminated and two new questions added during this interview phase. Sublineal statements were selected for each question by having each doctor choose five statements which best described a continuum of performance within the bracket of what he considered performance standards. The final sublineal statements were then selected on the basis of frequency of choice and ranking. These guiding sublineal statements, in many cases, were purposely selected so as to differentiate among competent individuals.

The construction of the supplemental rating form (Figure 2) presented an opportunity to incorporate several features which might tend to alleviate the skewed distributions

found in military merit rating.[2] First, an outstanding classification was added to all questions where it was appropriate. An entry made in any outstanding classification box requires that the rater make a specific statement in writing at the conclusion of the report as to what the individual has done to be considered outstanding for that particular question. This feature is based on the premiss that most raters are reticent to make written statements and will only do so when there is justified cause. If this is the case, extremely competent individuals will acquire outstanding marks over a period of time that will distinguish them from merely competent individuals. Second, the question:

> The number of medical officers in this rank attached to the command at this time is_____? If these officers were arranged in order considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No._____ of the total group.,

was adapted from a similar question found on the U.S. Army Efficiency Report.[3] Its inclusion in this form is not for the apparent reason of ranking the officers being rated. It is not intended that this question be considered by any reviewing authorities. The intent and purpose of its inclusion is to force the rater to approximate a normal distribution in the assignment of his marks. For example, in a situation where an officer has been ranked as No. 9 out of eleven officers, the

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[2]Sesson, Donald E., Forced Choice-The New Army Rating. Personnel Psychology, v. 1, No. 3, Autumn, 1948., pp. 365-381.

[3]Efficiency Report, War Department, AGO Form 67-1, 1 July 1947.

rating officer will find it extremely hard to justify to himself the incongruity of extremely high markings for this officer. It is realized that it is almost humanly impossible to guarantee that reviewing authorities will not consider this numerical comparison. However, precepts convening selection boards can specifically require that this question be disregarded or it can be deleted from the summaries provided to these boards.

The twenty final questions gained from the interviews were constructed and incorporated such that the high end of each scale was at the right hand side of the page. Though many writers suggest that the "halo" effect can be diminished by reversing the high ends of a rating scale at random in order to force the rater to carefully read each question, a study by Remmers and Brandenburg[4] implies that this does not significantly alter the results. In order to append the outstanding classification to all questions and still present a uniform document it was decided that the conventional form would be used.

Instructions at the head of the form were designed to coincide with those contained in the standard fitness report form. Only additional instructions which do not conflict with current directives were included.

Greater emphasis than is discernable in the present fitness report form was placed upon the desirability of the

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[4]Remmers, H.H. and Brandenburg, G.C., Experimental Data on the Purdue Rating Scale for Teachers., Educational Administration and Supervision, XIII, Nov. 1927, pp. 519-527.

rater discussing the completed report with the ratee. This was done by requiring the ratee's signature only if the completed report had been shown to him. With this showing it is assumed that a discussion will result. This in substance carries out the conclusions arrived at in a study conducted by Lieutenant Commander W.A. Robie, USN[5] on the role of discussion in U.S. Naval Fitness Reports. He strongly recommended that discussion between rater and ratee be encouraged but not made mandatory.

Evaluating the Supplement.

The medical officer's supplemental fitness report form as constructed at this point represented the thoughts and opinions of a relatively small selected sample of naval medical officers and civilian doctors with naval experience. By the nature of this group's present duty and location; i.e., continental hospital, dispensary, staff and civilian practice, it was realized that the formulation and selection of questions would be biased by their present spheres of interest and therefore not directly applicable to the Naval Medical Corps in all locations. It was considered essential that an evaluative questionnaire be designed in such a manner, that when sent to a random sample of the complete Medical Corps, it would not only evaluate the supplemental fitness report form but also reveal these biases, elicit information which had been overlooked and furnish agreement in areas where attitudes concurred.

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[5]Robie, W. A., The Effect of Discussion in Evaluating Naval Officers. Unpublished Master's Thesis, Northwestern University, Aug. 1948.

MEDICAL OFFICER'S QUESTIONNAIRE

It is requested that this questionnaire be completed with reference to Enc. (A) and returned to the officer conducting this study. All comments will be considered CONFIDENTIAL and for use only as abstractions in this study.

1. Rank? _____U. S. Navy.

2. Years of Naval Medical Service?_____years.

3. Indicate any questions which you consider particularly pertinent and indicative of the qualities desired of a sincere and competent Naval Medical Officer?

1.___	6.___	11.___	16.___	21.___
2.___	7.___	12.___	17.___	
3.___	8.___	13.___	18.___	
4.___	9.___	14.___	19.___	
5.___	10.___	15.___	20.___	

Comments (if desired)_____

4. Indicate any questions which you consider superfluous or which in your opinion do not fairly describe a quality desirable in a Naval Medical Officer?

1.___	6.___	11.___	16.___	21.___
2.___	7.___	12.___	17.___	
3.___	8.___	13.___	18.___	
4.___	9.___	14.___	19.___	
5.___	10.___	15.___	20.___	

Comments (if desired)_____

5. In addition to the questions stated in the supplement are there other specific questions which you feel would more adequately appraise a Naval Medical Officer?

_____

6. Considering the normal Naval medical administrative situation; do you believe it possible for the senior medical officer to appraise and rate the professional performance of duty of a medical officer under his direction?
___Believe it can be accomplished with accuracy.
___Believe an officer can usually be appraised and rated accurately.
___Believe that it is generally a "hit or miss" proposition.
___Believe it will usually result in an unreliable appraisal.
___Believe that it is impossible to appraise and rate another medical officer.

Comments (if desired)_____

7. Do you think that this supplement (corrected and revised by your and other comments) when used <u>with</u> the regular fitness report (NavPers-310A) will adequately appraise the true value of a Naval Medical Officer?
___Think that this addition is an excellent method of appraisal.
___Think that the addition of the supplement is an improvement.
___Think that this is a step in the right direction.
___Think that this supplement is unnecessary with the present fitness report.
___Think that this is the wrong approach to the problem.

Comments (if desired)_____

8. Do you think that a line officer can adequately appraise the performance of duty of a medical officer under his command? (the supplemental form not considered).
___Think that he can appraise very accurately.
___Think that most of the time he can appraise accurately.
___Think that it is a matter of chance.

FIGURE 3.

___Think that he will seldom appraise accurately.
___Think that it is impossible.

Comments (if desired)_____

9. Indicate the questions that you consider could be answered by a line officer when rating a medical officer under his command?

1.___	6.___	11.___	16.___	21.___
2.___	7.___	12.___	17.___	
3.___	8.___	13.___	18.___	
4.___	9.___	14.___	19.___	
5.___	10.___	15.___	20.___	

Comments (if desired)_____

10. If you think that any question or its sublinear statements could be improved please make your suggestions below.

Ques. no.	

11. Would you like to use this supplemental form in evaluating officers under your direction?
___Yes
___No
___Don't know

Comments (if desired)_____

12. Would you like your performance evaluated by the use of this supplemental form?
___Yes
___No
___Don't know

Comments (if desired)_____

13. Any comments that you are desirous of making relative to this study.

NORTHWESTERN UNIVERSITY
DEPARTMENT OF NAVAL SCIENCE
EVANSTON, ILLINOIS

Date. 29 March 1949

From: Commander Robert M. Harper, USN.
To :

Subject: Appraisal of Form for Medical Officer's Supplemental Fitness Report, Request for.

Enclosures: (A) Form for Medical Officer's Supplemental Fitness Report.
(B) Medical Officer's Questionnaire.

1. In order to more adequately and fairly appraise the professional performance of staff corps officers, better methods of evaluating are being sought. The originator is conducting research under the auspices of the Research Section of BuPers, Naval Post-graduate School and Northwestern University. An attempt is being made to determine the feasibility and practicability of supplements to the standard fitness report form for staff members. You have been chosen as a member of a selected group of medical officers to appraise the preliminary supplement for the evaluation of medical officers.

2. This study had its inception in the many comments and complaints of both staff and line officers as to the inadequacies of the present fitness report form for properly and completely evaluating the performance of duty of staff officers.

3. Enclosure (A) is based upon systematic interviews with a sample of medical officers. From these interviews areas of performance and specific differentiating questions within each major area were established. Questions have been included in this preliminary form which are controversial in nature so as to investigate existing attitudes on these subjects and will not necessarily be included in any final recommendations. Two features have been incorporated in this form which have not previously appeared on naval rating forms:

a. An "outstanding" classification has been added which requires a specific supporting statement as to why the individual is outstanding.
b. The "unsatisfactory" classification has been eliminated from this form. The guiding sublineal statements used, in many instances, have been purposely stated so as to differentiate among competent individuals.

4. It is respectfully requested that Enclosure (B) be completed and returned to the originating officer after carefully considering Enclosure (A). It is not necessary that the questionnaire be signed. Any comments which are made will be held in the strictest confidence and only used, free from any personal reference, in the mass statistical analysis of the data.

R. M. HARPER

FIGURE 4.

It was also considered advisable that this evaluative questionnaire sample the attitude of medical officers relative to fitness reporting procedures.

The Medical Officer's Questionnaire (Figure 3) was designed to accomplish these objectives. The first two questions asking for rank and years of medical service were included in order that attitudinal differences might be revealed relative to rank and length of service. Space was left following each question in order to afford those completing the questionnaire an ample opportunity to fully expand their views. Space was also left at the conclusion of the questionnaire for any additional comments relative to the study that they cared to make.

Sampling Procedure.

The questionnaire, supplemental medical officer's rating form and an official covering letter (Figure 4) were sent to a random sample composed of twenty percent of the regular officers attached to the U.S. Navy Medical Corps. This amounted to two hundred and seventy medical officers. This sample was chosen by selecting every fifth name from the active list of the U.S. Navy Medical Corps. In this way numbers in each rank would also be proportional to that found in the complete Medical Corps and the sample would actually be classified as a stratified random sample.

Validity and Reliability.

The validity of ratings is an extremely elusive factor to ascertain. In most instances, as with the Naval Service,

there is no objective criterion with which it can be correlated. Rank and rate of advancement might be considered but these are the results of length of service and past ratings of unknown validity. Using a more elementary approach, the validity of ratings is dependent upon two factors, the rater and the form which is used. That the rater exhibits bias and prejudice is known and to combat this it is acknowledged that all raters must be trained for their tasks. The form to be valid must provide adequate instructions to the rater and contain questions which adequately sample the pertinent requirements of the job.

The process of sending the supplemental fitness report form to a sample of the Naval Medical Corps for appraisal is an attempt to arrive at a pooled judgement which will indicate which questions are valid for the appraisal of a medical officer's duties. Those which are approved as particularly pertinent by a significant majority will be considered as valid questions.

The reliability of a rating scale can be estimated in a number of ways. Some of these include: (1) determining whether the ratings made by a person conform roughly to a normal distribution curve, (2) by noting the agreement of raters with each other when rating a common ratee, (3) by comparing successive ratings by the same man. The interne training program conducted at the Great Lakes Naval Hospital offered the opportunity to investigate the reliability of the supplemental form by the first two methods. The nine internes

attached to the hospital were required to work in each department under close supervision for a period of time as part of their training. Six Chiefs of Service under whom these internes were or had worked were asked to rate each interne on the supplemental fitness report form. In this manner the marks assigned by each rater could be plotted and compared for a normal distribution curve. The ratings that each interne received could also be plotted and compared for agreement among raters. The degree of agreement would permit a fair estimation of reliability of the form.

It was felt that both medical officers and qualified line officers should agree on which questions on the medical form could be satisfactorily answered by a line officer. In addition to including an inquiry regarding this in the evaluative questionnaire to the medical officers, twenty line officers, in the rank of captain or commander who had had command experience, were interviewed and asked to review the supplemental form and indicate which questions they considered themselves qualified to answer. Although this is only a small sample of line officer's opinion, it does permit comparison with information received on the medical questionnaire.

Questionnaire Results.

Sixty-four percent or one hundred and seventy-two medical officers of the sample had returned their questionnaires at the end of a two months period. This reduced the sample studied from 20% to 12.65% of the total Naval Medical Corps. It was necessary to allow no longer than this for the question-

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naires to be returned in order to complete an analysis of the data. The returns received during the first month, fifty-four percent, were compared with the returns received during the second month, ten percent. It was found that there was no appreciable differences in attitude between the two groups. It is assumed that no markedly different information would have been found in the questionnaires returned too late for the analysis.

The percentage returns of the questionnaires was approximately the same for each rank. The returns for Lieutenants (junior grade) were about twelve percent below those of other ranks but it is believed that this can be explained by either or both of two factors. First, the median length of service for Lieutenants (junior grade) was two years and most indicated that they did not feel qualified to express themselves on all aspects of fitness reporting or professional proficiency. Second, the majority of Lieutenants (junior grade) to whom the questionnaire was sent were stationed aboard ship or beyond the continental limits of the United States. This smaller return might indicate either disinterest or mail service difficulties and delays.

Returns indicated that the doctors sampled had a positive interest in the subject and had devoted considerable time and thought to completing the questionnaires. Most doctors had utilized the space provided for additional comments. Approximately five percent appended a personal letter in order to more fully and completely express themselves.

In analyzing the returns received from the sample of medical officers, each question from the supplement and the questionnaire will be considered individually in order that a final revised supplemental rating form may be constructed. The numerically tabulated results for the questions of the supplemental rating form are included in Appendix B and C. The numerically tabulated results for the questions of the evaluative questionnaire are included in Appendix D.

The determination as to whether a question was considered particularly pertinent or superfluous by the sample was based on a majority indication. The majority being considered as greater than 50% of the questionnaires returned. Fifty-two percent of the sample might consider a question particularly pertinent, though by statistical probability this would not mean that this percentage could be projected to the entire Medical Corps with any degree of certainty. Therefore, questions were considered as accepted by a significant majority when the statistical probability of the percentage indicated with reasonable certainty that the entire Medical Corps would approve this question by a greater than 50% majority. Thus a question that was approved by 65% of the sample, could be considered as being approved by a majority of the entire Medical Corps.

Question 1 of the Supplemental Fitness Report Form asks: "How well does this officer supervise and maintain records and reports as prescribed by Bu. M & S Manual?" It was considered particularly pertinent by a significant majority of 62.8% of the sample. This question was considered superfluous by 5.8%

of the sample. Relatively few comments were offered on this question. The following comments are typical of the ones expressed.

> Applies mainly to senior officers doing administrative work.
>
> Would hold only for shipboard and field duty.
>
> Delete entirely - administrative procedures are not taught in Medical School.
>
> A very good question.

The following suggestions were offered to improve this question.

> Prefer the word "inexperienced" for "doesn't know what is required."
>
> I would specifically mention the Health Record. I have found that the ability to put out a pertinent, well organized Health Record to be one of the best criteria of a good M.D.
>
> Emphasis should be on patient's clinical records, rather than that which can be performed by hospital corpsman, such as sick list, etc.

These suggestions are pertinent but are considered to restrict the form to specific duties rather than make it applicable to the entire Medical Corps. All of the specific records mentioned in the suggestions are required by Bu. M & S Manual. This question will be retained in the final revision of the Supplemental Form.

Fifty and six tenths percent on the sample considered that this question could be answered by a line officer. Thirty percent of the line officers considered that they were qualified to answer this question. This question will not be marked by an asterisk as one that a line officer will answer.

Question 2 was considered particularly pertinent by

69.2% of the sample. This is a significant majority. It was considered superfluous by 5.2% of the sample. This question asks: "How well does this officer carry out an active campaign of preventive medicine?" The predominant comment to this question was to inform the investigator that the spelling was "preventive" and not "preventative" as it had been spelled on the form. Other comments were to the effect that this question would not apply to hospital duty and that there was an overlap between this question and question number 3. These two points were realized when the questions were originated but their individual importance, when they were applicable, was considered great enough to warrant their inclusion. This question will be included on the revised supplemental form.

The sample, by a return of 55.7%, considered that this question could be answered by a line officer. All of the line officers considered that they were qualified to answer this question. Though the sample did not present a significant majority, the line officer response seems to indicate that this question could be given a service trial. This question will be designated by an asterisk as a question that a line officer will answer.

"How well does this officer take an active interest in ship or station hygiene and sanitation?", which was question 3, was considered particularly pertinent by 73.9% of the sample. This is a significant majority. Three and one half percent of the sample considered this question superfluous. Comments on this question again pointed out the overlap with question 2.

This question will be included on the revised supplemental form.

A significant majority, 76.8% of the sample, considered that this question could be answered by a line officer. All of the line officers considered that they were qualified to answer this question. This question will be designated by an asterisk as a question that a line officer will answer.

Typical comments on question 4, which asks: "How well does this officer cooperate with other corps of the Navy?", were:

> Consider this question very essential.
>
> Has a place.
>
> Depends upon attitude of reporting senior.
>
> Too subjective.
>
> Some officers cooperate to the detriment of medical professional standards and are a distinct hazard to those trying to do honest work.
>
> Include intra and interservice cooperation.

This question was considered particularly pertinent by 62.3% of the sample. This is a significant majority. This question was considered superfluous by 13.4% of the sample. It will be included on the revised supplemental form.

A significant majority, 86.7% of the sample, considered that this question could be answered by a line officer. Ninety percent of the line officers considered that they were qualified to answer this question. This question will be designated by an asterisk as a question that a line officer can answer.

Question 5 asks: "How well does this officer mix with

members of other corps of the Navy?" It was considered particularly pertinent by only 30.2% of the sample. However, 40.1% of the sample thought that this question was superfluous. The following comments are typical of those which were expressed.

> Of great significance and value in estimating an officer's fitness.
>
> A wide interpretation...I have seen some that spend too much time mixing.
>
> Should be omitted because to me it implies costly cocktail parties of which and in which there is too much drinking.
>
> Has no bearing on his qualities as a good medical officer.
>
> He may be a good mixer but too busy to mix.
>
> Offers opportunity for personal dislikes to cloud the issue.

The lack of enthusiasm displayed toward this question and the high percentage considering it superfluous implies that this is not a valid question and that it should be dropped from the supplemental form.

A large percentage, 84.3% of the sample, considered that this question could be answered by a line officer. Of the line officers, 95% considered that they were qualified to answer this question.

Question 6 was considered particularly pertinent by 81.4% of the sample. This is a significant majority. This question was considered superfluous by 5.2% of the sample. There were no comments submitted on this question though six doctors suggested that the sublineal statements were improperly arrainged. These suggestions are voiced in the statement of one

doctor.

> Progression from impersonal attitude to individual consideration seems improper to me in that both of these traits are necessary in good practice.

As this question was accepted by such a large majority without additional comment it does not appear wise to change the sublineal statements for such a small minority. This question will be included in the revised supplement.

Of the sample, 30.8% considered that a line officer could answer this question. Only one of the line officers considered that he was qualified to answer this question. This question will not be asterisked for a line officer to answer.

"Does this officer display an active interest in all patients regardless of rank or rate?", was question 7 and was considered particularly pertinent by 65.7% of the sample. This is a significant majority. This question was considered superfluous by 16.9% of the sample. Comments on this question varied greatly. The following comments are typical of those received.

> Appendicitis knows no rank or rate.
>
> I feel is uncalled for. I believe few medical officers take rank into consideration. Rank is lost when either officer or enlisted are admitted to sick list. An Admiral has no more rank than a seaman.
>
> In 35 years of service I have never seen a doctor differentiate between patients as to rank. I suppose it does occur, but I have not seen it.
>
> With present average set-up most medical officers are forced to cater to rank.
>
> Did you ever treat an Admiral?
>
> To me this is the most important question of the group. The rate or rank of a patient should never be considered

> by a medical officer. Unfortunately this is frequently not the case. There are also "politicians" in the Medical Corps.

This question will be included in the revised supplemental form.

It was considered that this question could be answered by a line officer by 30.2% of the sample. Fifty percent of the line officers considered that they were qualified to answer this question. This question will not be asterisked for a line officer to answer.

Typical comments on question 8 which asks: "To what extent has there been any favorable or adverse patient comment concerning this officer's performance of duty?", were:

> Patients are not qualified to judge a doctor.
>
> When patient likes a doctor 9 out of 10 say nothing. One who for some reason does not like him will complain and find fault and makes himself very audible about it.
>
> Gives the patient a chance to influence reports of fitness. I believe this to be out of the patient's jurisdiction.
>
> Is totally unreliable as a guide to a doctor's ability.
>
> Some adverse comment is unavoidable.
>
> Particularly approve of this question. Patient attitude has never been considered in evaluating a medical officer before, but it is important in morale, particularly as we are under pressure to "keep as many men at as many guns, etc."

This question was considered particularly pertinent by 35.4% of the sample. However, 37.8% of the sample considered that this question was superfluous.

Several doctors offered the suggestion that this question could be improved by inserting the word "justified" to

modify "comment" in the basic question. The general tone of the comments and the percentage of the sample indicating this question as superfluous precludes any attempts to salvage this question for inclusion in the supplemental rating form.

Fifty percent of the sample considered that this question could be answered by a line officer. Seventy-five percent of the line officers considered that they were qualified to answer this question.

Question 9 asks: "How punctual is this officer about his appointments?" It was considered particularly pertinent by 53.5% of the sample. This was not a significant majority. It was considered superfluous by 16.3% of the sample. The few comments that were made to this question were unanimously against its inclusion on the form. The following comments are typical of the attitudes expressed.

> Does not take into consideration that the larger part of a medical officer's duties are not on an appointment schedule.
>
> Punctuality is secondary to results, amount of work and long hours.
>
> Is trite.
>
> Makes no allowance for the unpredictable which occurs in some branches more than others. I fail to see where anything as individualistic as the practice of good medicine can be regimented.

Only one suggestion was offered to improve this question. This recommended that the word "unnecessarily" be added to the sublineal statements "Occasionally keeps staff and patients waiting" and"Seldom keeps patients waiting." The small majority achieved by this question makes it exceedingly un-

certain as to whether it would be accepted by the complete Medical Corps. In the light of this evidence it seems advisable that this question be dropped from the supplemental form.

Of the sample, 54.7% considered that this question could be answered by a line officer. Eighty percent of the line officers considered that they were qualified to answer this question.

Question 10 was considered particularly pertinent by 77.4% of the sample. This was a significant majority. It was considered superfluous by 5.2% of the sample. This question asks: "How well does this officer keep himself informed by current reading about new medical techniques and developments?" Only four comments were offered on this question. They expressed the following attitudes.

> Would require a questionnaire and file for each medical officer to show what current medical literature he reads.

I wonder if the answer to this question can be proved.

One medical officer took exception to a sublineal statement by saying:

> "Normally knows about 1/3, etc.", this number is a shot in the dark and I think some general term should be used.

This sublineal statement has been weak since its inception and the subject of much discussion during the interviews. Some doctors considered this figure too high and some considered it too low depending upon the standards set in each department. In order to make this applicable to all departments, this statement should be changed to read, "Is average in his knowledge of advancements." This question as modified will be

included in the revised supplement.

One medical officer considered that a line officer could answer this question. None of the line officers considered that they were qualified. This question will not be asterisked for a line officer to answer.

"How inquisitive is this officer to explore the potentialities of new techniques or developments?", was question 11 and was considered particularly pertinent by exactly 50% of the sample. It was considered superfluous by 12.8% of the sample. The comments elicited by this question were most enlightening. The following comments are typical of those expressed.

> Perhaps should be deleted, as there are numerous directives against experimentation and adopting new methods before being tried by Bu. M & S's Research Units.
>
> Is debatable as some officers err by being too enthusiastic about new and unproven techniques.

Several medical officers suggested that "accepted" be inserted before "new techniques" in the basic question. The basic premise of this question was to evaluate professional lethargy as compared with professional initiative with relation to accepted new techniques and developments. It is believed that this correction would negate the adverse comments received and make this question quite acceptable. In this new form the question will be included on the revised supplement.

Two medical officers considered that this question could be answered by a line officer. None of the line officers considered that they were qualified to answer this question.

This question will not be asterisked for a line officer to answer.

Question 12 asks: "To what extent does this officer try to supplement his present knowledge by additional study, research or academic attendance?" It was considered particularly pertinent by a significant majority of 73.8%. It was considered superfluous by 8.2%. Only one comment was submitted on this question and it indicated that the doctor considered this question very important. This question will be included on the revised supplemental form.

Only 5.2% of the sample considered that this question could be answered by a line officer. None of the line officers considered that they were qualified. It will not be asterisked for a line officer to answer.

Typical comments on question 13 which asks: "What is this officer's specialty?" and then asks, "Percent of present duty devoted to this specialty?", were:

> The Navy needs doctors who are good all around general practitioners. I would rather see a question such as "how good a general practitioner is this medical officer."
>
> Delete.
>
> Would serve a good purpose if ever looked at at Bureau level. One should read percent of time left doctor to practice medicine after his completion of collateral duties.
>
> This question is especially good.
>
> If general practice is included, it probably is a desirable question, but there are many excellent physicians who prefer general practice.

This question was considered particularly pertinent by 44.8% of the sample. Eighteen percent of the sample considered this question superfluous.

This question was originally conceived on the promise that it might furnish reviewing authorities with practical information concerning the utilization of specially trained personnel. It would also serve to possibly explain any unusual ratings. It is evident that this question would offer little toward a pure performance evaluation. This question will not be included on the revised supplement.

Of the sample, 29.7% thought a line officer could answer this question. Twenty percent of the line officers considered they were qualified.

Question 14 was considered particularly pertinent by 36% of the sample while 30.8% considered it superfluous. This question asks: "To what extent has this officer attempted to achieve certification in his specialty?" The many comments received were almost unanimously against its inclusion in the form. The following comments are typical of those expressed on this question.

> "Certification" is not the Utopia in the practice of medicine.
>
> It is well for the Navy to have a large number of specialists or board men but we must not overlook the fact that a medical officer is supposed to spend 2/5 of his time at sea and during sea duty he must be a general practitioner.
>
> Specialization is sometimes more a matter of chance than of choice. Certification is not a necessary qualification for a medical officer.

> Implies that all medical officers should be "certified", such is not desired or planned.
>
> This question is especially good.
>
> Is more relevant to a doctor's ambitions for a post-naval career than to his worth as a medical officer.
>
> Many important and necessary duties of naval medical officers are not recognized by any of the boards. If an officer carries out assignments he often forfeits for years the opportunity of certification. Present emphasis on board certification is one of the causes for young officers leaving or refusing to come into the service.

The low percentage considering this question pertinent and the tone of the comments establishes beyond a doubt that this question should not be included on the revised supplement.

It was considered that a line officer could answer this question by 11.6% of the sample. None of the line officers considered themselves qualified.

"How proficient is this officer regarding laboratory techniques?", was question 15. It was considered particularly pertinent by 34.9% of the sample while 32.5% considered this question superfluous. Comments received were unanimously against the inclusion of this question on the form. The following comments are typical of those received.

> It is a specialty in itself.
>
> We can't be specialists in everything. We have Lab. Officers.
>
> Laboratory techniques are procedures that should involve full time to be proficient and while the individual medical officer should understand the procedures he should not be expected to detract from his medical duties to be proficient in this field that a technician could do better.
>
> Books are always available.

Generally of little value, except in regard to a few standard tests.

Page the pathologist.

Not pertinent to senior medical officers.

The comments and percentages for and against indicate that this question does not sample a quality indicative of a competent medical officer. This question will not be included in the revised supplement.

One medical officer indicated that a line officer could answer this question. None of the line officers considered themselves qualified to answer this question.

Typical comments on question 16 which asks: "How resourceful is this officer when confronted with situations which require independent action, initiative and imagination?", were:

Is especially pertinent for physicians.

Would apply only when occasions arise calling for these qualities.

This is a very important and indicative question.

This question was considered particularly pertinent by a significant majority of 80.3% of the sample. Only four medical officers thought this question superfluous.

This question parallels a question found on the fitness report form, but it was suggested that the additional emphasis on this subject, directed specifically towards the medical situation would be well placed. The high percentage of the sample approving this question confirms this original premise. This question will be included on the revised supplement.

Of the medical sample, 42.4% considered that this question could be answered by a line officer. Only 15% of the line officers considered that they were qualified to answer this question. The line officers were generally of the opinion that they did not possess the background to distinguish between routine procedures and those employed in unusual situations. This question will not be asterisked for a line officer to answer.

Question 17 asks: "How well does this officer receive suggestions or advice?" It was considered particularly pertinent by a significant majority of 70.9% of the sample. Only 5.8% of the sample considered this question superfluous. There were no comments received on this question. This question will be included on the revised supplement.

Forty-three and one tenth percent of the sample considered that this question could be answered by a line officer, while only one line officer considered that he was qualified. This question will not be asterisked for a line officer to answer.

Question 18 was considered particularly pertinent by a significant majority of 69.2% of the sample, while 8.1% considered this question superfluous. This question asks: "Does this officer seek advice when in doubt?" Very few comments were received on this question. Most of those received suggested that this question be combined with question 17. If this suggestion were followed it would result in a double question which asked how this officer received advice that was offered and if he sought advice when in doubt. Any attempt to interpret a rating to this question would be confusing.

Several of the comments objected to the sublineal statement "muddles through." One medical officer suggested that this statement be changed to "is dogmatic and opinionated." This latter statement, however, appears to change the context of the entire question and for that reason it will not be incorporated. This question will be included on the revised supplement.

This question was considered answerable by a line officer by 30.8% of the sample. Ten percent of the line officers considered that they were qualified to answer this question. It will not be asterisked for a line officer to answer.

Questions 17 and 18 were originally suggested by the Naval Reserve Medical Officers during the interview phase. They felt very strongly that Naval Medicine was a cooperative endeavor for the good of the patients rather than an individualistic project as found in civilian practice. As such their intent was to accentuate the give and take of ideas and information for the good of the service.

"To what extent does this officer go out of his way to follow the progress of a difficult case through to completion?" was question 19. It was considered particularly pertinent by a significant majority of 72.7% of the sample, while 10.5% considered it superfluous. The following comments are typical of those received.

> Does not take into consideration that the difficult cases are the most interesting ones.
>
> It is the best of the group as far as indicating the

medical officer's real interest in his patients and profession.

This question is adequately covered by questions 5, 6, and 7.

This question will be included in the revised supplement.

Fourteen percent of the sample considered that a line officer could answer this question while none of the line officers considered that they were qualified. This question will not be asterisked for a line officer to answer.

Typical comments on question 20, which asks: "To what extent does this officer make an effort to train the corpsmen under his direction?", were:

This question is very important and indicative.

Of definite value.

Would apply only at teaching hospitals.

This question was considered particularly pertinent by a significant majority of 75.5% of the sample. Only 5.2% of the sample considered this question superfluous. This question will be included in the revised supplement.

Only 41.8% of the sample considered that a line officer could answer this question, although 100% of the line officers considered that they were qualified to answer it. This discrepancy seems to indicate that this question is controversial and should be accorded a service trial for ultimate solution. Therefore this question will be asterisked to indicate that a line officer can answer this question.

Question 21 asks: "The number of medical officers in

this rank attached to the command at this time is_____. If these officers were arranged in order, considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No._____ of the total group?" It was considered particularly pertinent by 29.1% of the sample, while 30.8% of the sample considered this question superfluous. Many comments were received relative to this question. The comments were almost unanimously against its inclusion on the rating form. The following comments are typical of those received on this question.

> Comparison is odious and unimportant.
>
> The Navy seems to require a low man on the totem pole.
>
> May be rather difficult to decide fairly.
>
> May easily lead to a false impression if one's competitors are either extremely capable or extremely incapable.
>
> Will promote dissention; no matter how confidential one tries to make these reports, comparisons are going to be made among those reported on. I realize any type of report is on a comparison basis, but feel this is a little too pointed.
>
> Is too purely based on personal opinion.
>
> Unfair, how is a surgeon to judge a psychiatrist, etc.
>
> Omit - too difficult to answer accurately in large commands.
>
> Believe in hospitals and activities with many medical officers it would be a valuable guide in clarifying over-all usefulness.

Only one medical officer who commented on this question expressed the original purpose for its inclusion on the form. He stated:

> Might be considered somewhat brutal by some, I think

> it is excellent; would eliminate the pernicious habit of marking almost everyone "superior" or "above average", which practice has negated the true value of fitness reports. In a hospital this comparison should be broken down into departments.

The purely mechanical considerations for which this question was included seem to outweigh the adverse comments and numbers considering this question superfluous. It is felt that any feature that can be included which will tend to eliminate some of the faults found in merit rating should be included for a service trial. However, to allow more equal comparison and among smaller groups, it is believed that "or department" should be inserted after "command" in the question. With this addition this question will be included in the revised supplement.

Eighteen percent of the sample considered that a line officer could answer this question. None of the line officers considered that they were qualified to answer this question. It will not be included as a question which a line officer will answer.

Consideration of the results and comments elicited by the remaining questions of the evaluative questionnaire will be accomplished in much the same manner as was done for the questions about the supplemental form. Each question will be considered and discussed individually.

Question 5 of the evaluative questionnaire asks: "In addition to the questions stated in the supplement are there other specific questions which you feel would more adequately appraise a Naval Medical Officer?" This question received many

comments. These were grouped according to subject matter and areas of performance in order that they might be analysed. Unfortunately, about 60% of these suggestions had to be eliminated as they had previously been considered during the interview phase or appeared too personal or subjective in their implications. The following comments represent some of the suggestions which were considered too subjective to warrant further consideration.

> What is this officer's attitude toward the Naval Service?
>
> How often has this officer let his attitude of others with respect to race, creed, color or country of origin interfer with practice?
>
> What is this officer's attitude toward other specialties?
>
> What attitude does this officer take toward his superiors?
>
> Actions, such as personal traits, morals, activities away from Naval Base or Station?

Many of the more senior medical officers suggested that the following area be covered.

> I feel that a separate report should be compiled for more senior officers who have been forced into command and executive work and who perform few or no actual professional medical duties.
>
> This form does not provide for reporting on officers in administrative positions.

The original concept of this supplemental form was to evaluate the professional performance of duty of medical officers. It is felt that senior medical officers who are performing administrative duties are not practicing professionally and should therefore not be rated on this supplemental form but

only on the standard fitness report form. It was not the intention that this form be construed to cover an administrative position.

Ten returns suggested that a question be constructed similar to the following suggestions.

> Would you choose this doctor to treat your family in his specialty (if any) had you unlimited choice?
>
> Within his training and experience, would you want this officer to attend a member of your own family?

A question phrased along the suggested lines, if answered truthfully, would be very selective. However, it is felt that this question would be too personal and would reflect much more than professional ability.

Several returns suggested that under the Prescribed Naval Duties Section a question similar to the following be included.

> How proficient is this officer in regards to Naval Courts and Boards procedures?

A question of this type is pertinent for both medical and line officers. It is felt however, that the percentage of time devoted to this function by the average medical officer is so slight that its inclusion would not be practical or significant. In addition, the procedures are so standardized that a brief periodic review of naval law is sufficient to qualify most individuals.

Several of the returns recommended that a question be included similar to the following suggestions.

> Regarding participation in local medical societies and functions...preparation of papers for publication.

> What articles has this officer submitted for publication in medical journals since his last fitness report?
>
> What clinical research has this officer been engaged in on his own initiative?

Such questions would tell something of the officer reported upon, but the Bureau of Medicine and Surgery does not require or expect such performance unless specifically assigned. As opportunities are not equally possible for these functions such a question would be definitely unfair.

The most prevalent suggestion among the comments was to include in the heading of the form a space for "duties assigned during the period of the report." If this supplemental form were reviewed separately this information would be most vital for complete comprehension. This is a most valid suggestion and space will be included in the revision of the supplement.

Complaints were noted throughout the returns concerning assignments to duty and requests that were not granted for advanced training. When the following comment was received it was considered most appropriate and a means whereby assignment and selection could be more accurately accomplished.

> Is there any specialty of medicine for which this officer shows special aptitude and in which he should receive further training.

The standard fitness report form carries a question which asks for recommendations as to the next duty, but it is believed that this question goes beyond this in that it is devoted specifically to aptitude for further training. This question will be included in the revision of the supplemental form.

Question 6 of the questionnaire asks: "Considering the normal Naval medical administrative situation; do you believe it possible for the senior medical officer to appraise and rate the professional performance of duty of a medical officer under his direction?" A significant majority of 65.3% believed an officer can usually be appraised and rated accurately. The next highest percentage, 20.7%, believed that it can be accomplished with accuracy. The following comments sample the attitudes expressed on this question.

> "With Accuracy." This is predicated on the theory that the senior medical officer will permit his chief of service or head of department to do most of the rating, otherwise, "No."
>
> If the senior medical officer is a real doctor himself he can size up his junior because he'll made it a point to know what is going on. If the senior medical officer is "striking" for 4 stripes or a star, he'll have no idea unless things go wrong.
>
> Senior should be advised by subordinate officers.
>
> Unless intimately associated this can not be done.

The majority of comments elicited by this question indicated that most officers believe ratings should be recommended by the immediate department head, who is intimately associated with their work, to the senior medical officer. This procedure is normally followed in most commands although very few commands make a notation to this effect within the report.

It is felt that an addition to this supplemental fitness report form is indicated by these comments and the many others expressing the same attitude. As mentioned previously, the fitness reporting prerogative cannot be taken from the commanding officer or the senior officer who is responsible.

However, an additional question which would elicit the source of the information used in compiling the officer's fitness report would determine its completed validity. To accomplish this the following question will be included in the revision of the supplemental form.

> Entries made on this form concerning this officer are based on:
>
> _____ Intimate daily contact.
> _____ Recommendations of his Chief of Service.
> _____ Occasional observations.
> _____ Frequent observations of the results of his work.
> _____ Infrequent observations of the results of his work.
> _____ Official reports.

Question 7 of the evaluative questionnaire asks: "Do you think this supplement (corrected and revised by your and other comments) when used with the regular fitness report (NavPers 310A) will adequately appraise the true value of a Naval Medical Officer?" The largest percentage, 38.6% thought that the addition of the supplement was an improvement. The next highest percentage, 28.9% thought that the addition was an excellent method of appraisal. Twenty-three and one half percent thought that it was a step in the right direction. The following comments are typical of those expressed on this question.

> I believe the supplement just about makes as good an appraisal of the true value of a naval medical officer as can be had on paper.
>
> My principal opposition is that it adds paper work and red tape to an already overloaded clerical program.
>
> Is the appraisal of one man by another man by a questionnaire fitness report in any form a necessary evil?
>
> Worth while and long overdue.

> I think this report should replace rather than be added to the regular fitness report.
>
> I am absolutely convinced it is a step in the right direction. Believe however that in the early stages it should be flexible so it can be altered to meet the needs of a group which is really rather temperamental.

Question 8 of the evaluative questionnaire asks: "Do you think that a line officer can adequately appraise the performance of duty of a medical officer under his command? (the supplemental form not considered)." The largest percentage, 41.0% thought that it was a matter of chance. The next highest percentage, 32.6% thought most of the time he could appraise accurately. Only 13.8% thought that he would seldom appraise accurately. The following comments are typical of those submitted on this question.

> The Naval Academy does not provide a medical education although many line officers seem to think that it does.
>
> The line officer is still a layman in regard to medicine and surgery.
>
> The line officer's report could be no more of a true appraisal than would be the medical officer's report on a line or other staff officer.
>
> Depends on how line officer has been treated by medical officer for some ailment. One line officer made it a practise to fill out "faint praise" reports on Psychiatrists; "Didn't like those witch doctors."
>
> The line officer is a patient, so is no judge of a medical officer's ability.

Comments on this question were many and were unanimously against the line officer rating the medical officer professionally.

It is believed that the percentages recorded on this question would have been greater at the lower end of the scale

had this question been completely printed on one side of the paper. Unfortunately during the printing process the first three statements were printed on one side of the page and the last two statements on the reverse side. Numerous questionnaires were received with erasures on the third statement and a lower statement subsequently checked. It is felt that many officers marked the third statement believing it to be the lowest and then did not change their marking when they discovered further marking spaces.

Question 11 of the evaluative questionnaire asks: "Would you like to use this supplemental form in evaluating officers under your direction?" "Yes" was answered by a significant majority of 77.2% of the sample. "No" was answered by 17.3% and "Don't know" by 5.5% of the sample.

Question 12 of the evaluative questionnaire asks: "Would you like your performance evaluated by the use of this supplemental form?" "Yes" was answered by a significant majority of 75.0% of the sample. "No" was answered by 18.9% and "Don't know" by 6.1% of the sample. The following comments are typical of those expressed on questions 11 and 12.

> Yes. Considerable additional work but well worth the effort.
>
> No. Unless reporting officer was in close association to be able to give a fair opinion based on actual careful observation.
>
> See nothing in it that would improve medical care.
>
> Yes. By a superior who had actively and accurately observed not merely my shoe shine, my neat uniform, my poker playing abilities and judged me from praise or complaints of patients reaching the front office but rather my handling of patients, my results and my surgical ability and was competent to pass on same.

The response to question 13 of the questionnaire, which asks: "Any comments that you are desirous of making relative to this study.", was very large. These comments showed that a great deal of interest is centered around the various aspects of fitness reporting. Comments on this question, unlike those submitted concerning individual questions, in general reflected the acceptance of the supplemental form by the sample. The following comments are typical of the attitudes expressed.

> This study is most commendable.
>
> I am completely opposed to any forms which increase the total number. A medical officer's time is chiefly taken up with unnecessary paper work.
>
> I only wish that this form had been in existence 18 years ago. I consider that the adoption of this supplement would mark a great advance.
>
> It is believed that this form is not as satisfactory as the one in use at present. It is impossible to fairly answer many of the questions even though with the officer constantly.
>
> I think this is a highly desirable approach to a most difficult problem. The present fitness report form is not complete for all purposes. This suggestion improves it.
>
> Supplement will be an effective means of appraising medical officer's ability only if reporting senior is familiar with the actual performance of daily duties to form a valid opinion.
>
> An excellent idea only if filled in by a medical officer.
>
> Believe this is a very good form which should stimulate younger officers to improve themselves professionally.
>
> It is of interest to realize that it has been recognized, by you at least, that there is a void space in the standard fitness report as far as the staff group is concerned.
>
> The consideration of the medical officer's professional

capacity with less emphasis on his "officer like qualities" is a timely change in the tradition.

No form or report is any better than that person who makes it out.

I am glad that the Navy is thinking of adopting this or a similar form. Maybe this will be an incentive to do better work and improve our medical abilities and not just our party abilities.

The following comments were received concerning the discussion of the completed report with the officer reported upon:

Present form implies that it should be shown to the officer. It would more nearly reflect an officer's real worth would this not be done, except when a statement in rebuttal is necessary or indicated.

I think that the old system of forwarding a fitness report without reference to the officer concerned would probably result in fewer 4.0 fitness reports, as many officers are reluctant to state their real estimation of an officer's fitness, knowing that it is referred to him before it is forwarded to the Bureau.

It is my opinion that all fitness reports should be shown to officers reported on.

It should be obligatory that the junior officer read his report.

The following comments are typical of those which were received concerning the disposition of completed reports.

If this supplement were sent to Bu. M & S, then it would serve a very useful purpose to the detail officer and the Professional Division of the Bureau in keeping them informed of the progress of those in training and professional maturity of others.

I believe that this is a good form if it could be channeled directly from the medical officer to Bu.M & S.

That it be filed in the Professional Division of Bu M & S and used for the intelligent assignment of medical officers to training and duty assignments, as well as for promotion by selection boards.

This form must necessarily be of value only when it can be reviewed by a competent senior medical officer.

> No matter how good or how accurate a fitness report is, it should be available to the department concerned (in this case Bu M & S) and not hidden in the files of BuPers where it can be of no real value.

Interne Ratings.

Only three rating officers returned completed supplemental forms which rated the internes who had been attached to their departments. These ratings were combined and plotted, both by individual internes and by rating officers. These three returns cannot be considered as conclusive information on the reliability of the supplemental form. This would be especially true of the ratings received by the individual internes. Each interne had only three marks assigned for each question. However, each of the three rating officers appraised nine internes and their markings can be compared with an approximate normal curve. This comparison is favorable when it is taken into consideration that the internes rated are in a student status and therefore are restricted as to their actions and decisions. The consolidated forms for the three raters are included as Appendix E.

Technical Disscussion.

The size and composition of the sample of medical officers to which the supplement and questionnaire would be sent offered many interesting speculations. These included: (1) estimating the percentage of those questionnaires sent out that would be returned, (2) the number of returns which would be required to give significant statistical results, and (3) the method of randomly selecting this sample.

Investigation of three sigma fiducial limits tables revealed that approximately 150 returns would be required in order to make the statistical results applicable to the entire Medical Corps population within plus or minus 13% limits at the fifty percent level. This degree of latitude was not considered excessive as it was anticipated that acceptance or rejection would be at a higher or lower percentage level where the fiducial limits would approximate a plus or minus 10%.

The percentage return on any questionnaire distributed by mail is governed by so many variables that prediction is virtually impossible. These include: the appeal of the covering letter, time involved to complete the questionnaire, interest in the subject, disposition at the time of receipt, other work pending, etc. Investigation of previous questionnaires revealed that returns varied from 4% to 80% for no readily ascertainable reason. It was realized that the completion of this questionnaire would require considerable time and effort by the officers of the sample, but it was believed that a printed semi-official form accompanied by an official letter on a subject of personal concern would overcome this barrier in most cases. Based on this reasoning, an unscientific working estimate was made that there would be a fifty percent return. This dictated that at least 300 questionnaires should be sent out.

A twenty percent sample of the Medical Corps, according to the 1947 "Navy Register," would equal approximately 340 officers. This twenty percent figure was chosen as it would allow a margin of safety on the fifty percent estimate.

The selection of the sample and the assurance that it would be completely random was greatly facilitated by the International Business Machine Installation maintained by the Bureau of Personnel, Navy Department, Washington, D.C. This Bureau was requested to furnish the investigator with the name, rank and address of every fifth name on the rooster of the active list of the regular Naval Medical Corps. The active list of the regular Naval Medical Corps is the official listing of all regular medical officers on active duty arranged in order of seniority. Relative placements on this list are dependent upon service entry date and subsequent promotions. The sample selected in this manner is random stratified in that each rank will have numerical representation proportional to its total number.

The list supplying the investigator contained only 270 names. This discrepancy can be explained by attrition, retirements, resignations and other causes which had transpired since the 1947 publication which was referred to for information.

The problem of partial returns to a questionnaire offers no immediate solution. The sample may be selected with the greatest of care, yet when only fifty percent answer can their information be considered as representative of the complete group? Are not those that answer selecting themselves in other than a random manner? There is no statistical procedure which will determine this. However, the practical and common sense approach dictates that questionnaires returned be considered as representative of the complete sample. Those not

returned must be excused for lack of immediate interest or more pressing work, but essentially possessing attitudes proportional to those which were returned. This latter practical approach is the premise upon which the results of this study are based.

Statistical procedures employed in the analysis of the data for this study are standard recommended techniques.

The standard error of a percentage, p, has been computed in all cases by the formula:[6]

$$\sigma_p = \sqrt{\frac{pq}{N}}$$

where p is the percentage found in the sample and q is 1 - p. N is the number of individuals returning questionnaires.

The standard error of differences of percentages was found by the formula:

$$\sigma_{p_1 - p_2} = \sqrt{\sigma_{p_1}^2 + \sigma_{p_2}^2 + \frac{2}{N} p_1 p_2}$$

This variation of the normal formula was employed in analyzing the results of questionnaire questions 6, 7, 8, 11, and 12 as it was considered that unlimited choice was not available to the sample but rather that the choice was restricted to the options given on the form. This formula is recommended by Brown[7] in his excellent pamphlet on statistical procedures

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[6] Croxton, F.E. and Cowden, D.J., Applied General Statistics, Prentice Hall Inc. 1946., p. 332.

[7] Brown, T.H., The Use of Statistical Techniques in Certain Problems of Market Research., Business Research Studies No. 10, Harvard Graduate School of Business Administration. v. 22, No. 3, May 1935., pp 5-6.

employed in market research.

A critical ratio greater than 3.0 was employed at all times in determining whether a question had been approved by a significant majority. This was done to insure that a majority of the Naval Medical Corps population would approve of this question 99.73 times out of 100. Lower limits of probability could have been employed with a reasonable degree of confidence, however in order to compensate for the unreturned portion of questionnaires in the original sample it was considered that the stricter limits were justified.

The results for questions 6, 7, and 8 of the questionnaire, which asked for the marking of one of five statements most closely approximating the attitude relative to a question, were further analyzed by two different procedures. First, the chi square fitting test was applied. This was done in a twofold manner using the assumptions that by chance all statements would receive an equal number of markings or that these statements would be marked in a manner resembling a normal distribution. The tests upon all questions showed that there was less than one chance in a thousand that either of these hypotheses were true. This indicated further that the statements were deliberately marked in other than a random manner. Second, the distribution of results for each question was considered as a frequency distribution and the arithmetic mean computed. This was done to compare the mean's position relative to the position of the modal percentage. In all three questions the arithmetic mean closely approximated the mid-point of the modal percentage.

Conclusion.

The Medical Officer's Supplement to the standard fitness report, with its attendant procedures, can be considered as desirable to a majority of the Naval Medical Corps as a means of more adequately evaluating professional performance of duty.

Recommendation.

The Medical Officer's Supplement be subjected to an experimental service trial at selected Naval Medical installations to determine its practical value to the Naval Service.

APPENDIX A

COMPOSITION OF THE NAVAL MEDICAL CORPS SAMPLE, BY RANK, PERCENTAGE OF QUESTIONNAIRES RETURNED AND MEDIAN YEARS OF SERVICE

	Question-naires Distributed	Question naires Returned	Percentage	Median Years Service
Admiral*	1	1	100.0	32
Captain	76	49	64.5	24
Commander	94	62	66.0	10
Lieut. Comdr.	27	17	63.0	6
Lieutenant	32	22	68.5	6
Lieut. (j.g.)	40	21	52.5	2
Total.	270	172	63.5	

*The comments and tabulation of the returns of this officer have been combined with those received from the Captains in order to avoid personal reference.

APPENDIX B

COMPILATION OF ANSWERS SUBMITTED ON THE QUESTIONNAIRE BY THE MEDICAL CORPS SAMPLE, BY RANK, TO THE INDIVIDUAL QUESTIONS CONTAINED IN THE MEDICAL OFFICER SUPPLEMENT

The standard error of a percentage, sigma p, was calculated in all cases by the formula:

$$\sigma_p = \sqrt{\frac{pq}{N}}$$

where p is the percentage found in the sample and q is 1 - p. N is the number of individuals returning questionnaires.

The critical ratio, "t", was calculated in all cases by the formula:

$$t = \frac{p - 50\%}{\sigma_p}$$

where p is the percentage found in the sample.

1. How well does this officer supervise and maintain records and reports as prescribed by Bu M & S Manual?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	36	72.0			1	2.0			25	50.0		
Comdr.	62	42	67.8			4	6.5			31	50.0		
L.Cdr.	17	10	58.8			1	5.9			9	52.9		
Lieut.	22	12	54.5			2	9.1			16	72.8		
Lt(jg).	21	8	38.1			2	9.5			6	28.6		
Corps.	172	108	62.8	3.68	3.48	10	5.8	1.78	-25	87	50.6	3.80	.16

2. How well does this officer carry out an active campaign of preventive medicine?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	35	70.0			3	6.0			26	52.0		
Comdr.	62	42	67.8			2	3.2			38	61.4		
L.Cdr.	17	11	64.7			3	17.6			10	58.8		
Lieut.	22	16	72.7			1	4.5			12	54.5		
Lt(jg).	21	15	71.4			0	0.0			10	47.7		
Corps.	172	119	69.2	3.52	5.42	9	5.2	-	-	96	55.7	3.78	1.51

3. How well does this officer take an active interest in ship or station hygiene and sanitation?

		Considered particularly pertinent				Sonsidered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	35	70.0			4	8.0			39	78.1		
Comdr.	62	47	77.3			0	0.0			49	79.0		
L.Cdr.	17	15	88.2			0	0.0			11	64.7		
Lieut.	22	16	72.7			2	9.1			19	86.4		
Lt(jg).	21	14	66.6			0	0.0			14	66.6		
Corps.	172	127	73.9	3.34	7.15	6	3.5	-	-	132	76.8	3.22	8.32

4. How well does this officer cooperate with other corps of the Navy?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	37	74.0			3	6.0			40	80.0		
Comdr.	62	37	59.6			8	12.9			56	90.4		
L.Cdr.	17	11	64.6			3	17.6			15	88.3		
Lieut.	22	9	41.0			8	36.3			22	100.0		
Lt(jg).	21	13	61.8			1	4.8			16	76.1		
Corps.	172	107	62.3	3.68	3.34	23	13.4	-	-	149	86.7	2.58	14.2

5. How well does this officer mix with members of other corps of the Navy?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	21	42.0			13	26.0			41	82.0		
Comdr.	62	15	24.2			29	46.8			52	84.0		
L.Cdr.	17	7	41.2			6	35.5			14	82.4		
Lieut.	22	2	9.1			14	63.6			22	100.0		
Lt(jg).	21	7	33.3			7	33.3			16	76.2		
Corps.	172	52	30.2	3.53	-5.6	69	40.1	3.73	-2.7	145	84.3	2.76	12.4

6. How much interest does this officer display toward his patients?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	39	78.0			4	8.0			15	30.0		
Comdr.	62	50	80.6			2	3.2			18	29.0		
L.Cdr.	17	14	82.4			0	0.0			3	17.6		
Lieut.	22	18	81.9			3	13.6			9	41.0		
Lt(jg).	21	19	90.5			0	0.0			8	38.1		
Corps.	172	140	81.4	2.96	10.6	9	5.2	-	-	53	30.8	3.52	-5.5

7. Does this officer display an active interest in all patients regardless of rank or rate?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	30	60.0			9	18.0			12	24.0		
Comdr.	62	38	61.4			12	19.3			16	28.8		
L.Cdr.	17	13	76.4			2	11.8			7	41.1		
Lieut.	22	15	68.1			5	22.7			10	45.5		
Lt(jg).	21	17	81.0			1	4.8			7	33.3		
Corps.	172	113	65.7	3.62	4.33	29	16.9	-	-	52	30.2	3.51	-5.6

8. To what extent has there been any favorable or adverse patient comment concerning this officer's performance of duty?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	14	28.0			18	36.0			21	42.0		
Comdr.	62	20	32.3			26	42.0			31	50.0		
L.Cdr.	17	6	35.3			7	41.2			8	47.0		
Lieut.	22	11	50.0			7	31.8			16	72.6		
Lt(jg).	21	10	47.6			7	33.3			10	47.6		
Corps.	172	61	35.4	3.64	-4.0	65	37.8	3.69	-3.3	86	50.0	3.80	0.0

9. How punctual is this officer about his appointments?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	28	56.0			7	14.0			24	48.0		
Comdr.	62	34	54.9			10	16.1			36	58.1		
L.Cdr.	17	10	58.7			3	17.6			7	41.1		
Lieut.	22	10	45.5			5	22.7			17	77.3		
Lt(jg).	21	10	47.6			3	14.3			10	47.6		
Corps.	172	92	53.5	3.80	0.92	28	16.3	-	-	94	54.7	3.79	1.24

10. How well does this officer keep himself informed by current reading about new medical techniques and developments?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	39	78.0			3	6.0			1	2.0		
Comdr.	62	46	74.1			5	8.1			0	0.0		
L.Cdr.	17	15	88.2			1	5.9			0	0.0		
Lieut.	22	19	86.3			0	0.0			0	0.0		
Lt(jg).	21	14	66.6			0	0.0			0	0.0		
Corps.	172	133	77.4	3.18	8.61	9	5.2	-	-	1	0.6	-	-

11. How inquisitive is this officer to explore the potentialities of new techniques or developments?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	21	42.0			11	22.0			1	2.0		
Comdr.	62	31	50.0			7	11.3			1	1.6		
L.Cdr.	17	9	53.0			2	11.8			0	0.0		
Lieut.	22	14	63.6			2	9.1			0	0.0		
Lt(jg).	21	11	52.3			1	4.7			0	0.0		
Corps.	172	86	50.0	3.80	0.0	23	12.8	-	-	2	1.2	-	-

12. To what extent does this officer try to supplement his present knowledge by additional study, research or academic attendance?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	37	74.0			4	8.0			3	6.0		
Comdr.	62	43	69.4			6	9.7			5	8.1		
L.Cdr.	17	13	76.5			1	5.9			0	0.0		
Lieut.	22	16	72.7			2	9.1			1	4.5		
Lt(jg).	21	18	85.6			1	4.7			0	0.0		
Corps.	172	127	73.8	3.35	7.10	14	8.2	-	-	9	5.2	-	-

13. What is this officer's medical specialty?_____
Percent of present duty devoted to this specialty?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	22	44.0			9	18.0			20	40.0		
Comdr.	62	26	41.9			14	22.6			16	25.8		
L.Cdr.	17	10	58.9			3	17.6			4	23.6		
Lieut.	22	10	45.5			2	9.1			7	31.8		
Lt(jg).	21	9	42.8			3	14.3			4	19.0		
Corps.	172	77	44.8	3.79	-1.4	31	18.0	-	-	51	29.7	-	-

14. To what extent has this officer attempted to achieve certification in his specialty?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	18	36.0			12	24.0			5	10.0		
Comdr.	62	23	37.1			21	33.9			6	9.7		
L.Cdr.	17	6	35.2			7	41.2			3	17.6		
Lieut.	22	11	50.0			4	18.2			5	22.7		
Lt(jg).	21	4	19.0			9	42.8			1	4.7		
Corps.	172	62	36.0	3.66	-3.8	53	30.8	3.52	-5.5	20	11.6	-	-

15. How proficient is this officer regarding laboratory techniques?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	18	36.0			15	30.0			0	0.0		
Comdr.	62	13	21.0			28	45.2			1	1.6		
L.Cdr.	17	9	53.0			5	29.4			0	0.0		
Lieut.	22	8	36.4			5	22.7			0	0.0		
Lt(jg).	21	12	57.2			3	14.3			0	0.0		
Corps.	172	60	34.9	3.63	-4.2	56	32.5	3.56	-4.9	1	0.6	-	-

16. How resourceful is this officer when confronted with situations which require independent action, initiative and imagination?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	39	78.0			1	2.0			24	48.0		
Comdr.	62	47	75.8			2	3.2			29	46.8		
L.Cdr.	17	14	82.4			0	0.0			9	53.0		
Lieut.	22	20	91.0			1	4.5			7	31.8		
Lt(jg).	21	18	85.6			0	0.0			4	19.0		
Corps.	172	138	80.3	3.03	10.0	4	2.3	-	-	73	42.4	3.76	-2.0

17. How well does this officer receive suggestions or advice?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	37	74.0			1	2.0			24	48.0		
Comdr.	62	43	69.4			4	6.4			28	45.1		
L.Cdr.	17	11	64.7			1	5.9			9	53.0		
Lieut.	22	15	68.2			3	13.6			7	31.8		
Lt(jg).	21	16	76.1			1	4.7			6	28.6		
Corps.	172	122	70.9	3.46	6.03	10	5.8	-	-	74	43.1	3.76	-1.8

18. Does this officer seek advice when in doubt?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	37	74.0			4	8.0			18	36.0		
Comdr.	62	41	66.2			4	6.4			19	30.7		
L.Cdr.	17	11	64.7			2	11.8			5	29.4		
Lieut.	22	16	72.7			3	13.6			6	27.3		
Lt(jg).	21	14	66.6			1	4.7			5	23.8		
Corps.	172	119	69.2	3.52	5.45	14	8.1	-	-	53	30.8	3.52	-5.5

19. To what extent does this officer go out of his way to follow the progress of a difficult case through to completion?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	38	76.0			5	10.0			10	20.0		
Comdr.	62	41	66.2			8	12.9			8	12.9		
L.Cdr.	17	13	76.5			1	5.9			1	5.9		
Lieut.	22	18	81.8			2	9.1			3	13.6		
Lt(jg).	21	15	71.4			2	9.5			2	9.5		
Corps.	172	125	72.7	3.39	3.39	18	10.5	-	-	24	14.0	-	-

20. To what extent does this officer make an effort to train the corpsmen under his direction?

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	40	80.0			0	0.0			20	40.0		
Comdr.	62	43	69.4			3	4.8			22	35.5		
L.Cdr.	17	13	76.5			2	11.8			5	29.4		
Lieut.	22	16	72.7			3	13.6			11	50.0		
Lt(jg).	21	18	85.7			1	4.7			14	66.6		
Corps.	172	130	75.5	3.28	7.78	9	5.2	-	-	72	41.8	3.75	-2.2

21. The number of medical officers in this rank attached to the command at this time is_____. If these officers were arranged in order, considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No._____of the total group.

		Considered particularly pertinent				Considered superfluous				Consider line officer could answer			
Rank	N	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"	No.	%	Sigma p	"t"
Capt.	50	15	30.0			17	34.0			8	16.0		
Comdr.	62	19	30.6			18	29.1			17	27.4		
L.Cdr.	17	4	23.6			4	23.6			0	0.0		
Lieut.	22	7	31.8			5	22.7			3	13.6		
Lt(jg).	21	5	23.8			9	42.8			3	14.3		
Corps.	172	50	29.1	3.46	-6.1	53	30.8	3.52	-5.4	31	18.0	-	-

APPENDIX C

SUMMARY OF ANSWERS TO THE INDIVIDUAL QUESTIONS IN THE MEDICAL OFFICER SUPPLEMENT

	Medical Sample			Line Officer Sample
Question	Considered pertinent %	Considered superfluous %	Consider line officer could answer %	Line officer could answer %
1	62.8	5.8	50.6	30.0
2	69.2	5.2	55.7	100.0
3	73.9	3.5	76.8	100.0
4	62.3	13.4	86.7	90.0
5	30.2	40.1	84.3	95.0
6	81.4	5.2	30.8	5.0
7	65.7	16.9	30.2	50.0
8	35.4	37.8	50.0	75.0
9	53.5	16.3	54.7	80.0
10	77.4	5.2	0.6	0.0
11	50.0	12.8	1.2	0.0
12	73.8	8.2	5.2	0.0
13	44.8	18.0	29.7	20.0
14	36.0	30.8	11.6	0.0
15	34.9	32.5	0.6	0.0
16	80.3	2.3	42.4	15.0
17	70.9	5.8	43.1	5.0
18	69.2	8.1	30.8	10.0
19	72.7	10.5	14.0	0.0
20	75.5	5.2	41.8	100.0
21	29.1	30.8	18.0	0.0

APPENDIX D

COMPILATION OF ANSWERS SUBMITTED BY THE MEDICAL CORPS SAMPLE TO INDIVIDUAL QUESTIONS CONTAINED IN THE EVALUATIVE QUESTIONNAIRE

The standard error of a percentage, sigma p, was calculated in all cases by the formula:

$$\sigma_p = \sqrt{\frac{pq}{N}}$$

where p is the percentage found in the sample and q is 1 - p. N is the number of individuals answering each question.

The standard error of the difference of percentages, sigma p_1-p_2, was calculated in all cases by the formula:

$$\sigma_{p_1-p_2} = \sqrt{\sigma_{p_1}^2 + \sigma_{p_2}^2 + \frac{2}{N} p_1 p_2}$$

Where p_1 is the highest percentage and p_2 is any other percentage with which p_1 is to be compared.

The critical ratio, "t", was calculated in all cases by the formula:

$$t = \frac{p_1 - p_2}{\sigma_{p_1-p_2}}$$

Where p_1 is the highest percentage and p_2 is any other percentage with which p_1 is to be compared.

6. Considering the normal Naval medical administrative situation; do you believe it is possible for the senior medical officer to appraise and rate the professional performance of duty of a medical officer under his direction?
   (1)____Believe it can be accomplished with accuracy.
   (2)____Believe an officer can usually be appraised and rated accurately.
   (3)____Believe that it is generally a "hit or miss" proposition.
   (4)____Believe that it will usually result in an unreliable appraisal.
   (5)____Believe that it is impossible to appraise and rate another medical officer.

Choice	No.	%	Sigma p	Sigma p_1-p_2	p_1-p_2	"t"
(1)	34	20.7	3.16	6.60	44.6	6.77
(2)	107	65.3	3.71	-	-	-
(3)	21	12.8	2.60	5.55	52.5	9.45
(4)	1	0.6	-	-	-	-
(5)	1	0.6	-	-	-	-
Total	164					

If choice (2) were considered to extend from 2.00 to 2.99 the arithmetic mean of this distribution would be 2.451.

7. Do you think that this supplement (corrected and revised by your and other comments) when used <u>with</u> the regular fitness report (NavPers 310-A) will adequately appraise the true value of a Naval Medical Officer?
   (1) ____ Think that this addition is an excellent method of appraisal.
   (2) ____ Think that the addition of the supplement is an improvement.
   (3) ____ Think that this is a step in the right direction.
   (4) ____ Think that this supplement is unnecessary with the present fitness report.
   (5) ____ Think that this is the wrong approach to the problem.

Choice	No.	%	Sigma p	Sigma p_1-p_2	p_1-p_2	"t"
(1)	48	28.9	3.51	6.60	9.7	1.54
(2)	64	38.6	3.77			
(3)	39	23.5	3.28	5.99	15.1	2.52
(4)	12	7.2	-	-	31.4	3.00
(5)	3	1.8	-	-	-	-
Total	166					

If choice (2) were considered to extend from 2.00 to 2.99 the arithmetic mean of this distribution would be 2.644.

8. Do you think that a line officer can adequately appraise the performance of duty of a medical officer under his command? (the supplemental form not considered).
   (1) ___ Think that he can appraise very accurately.
   (2) ___ Think that most of the time he can appraise accurately.
   (3) ___ Think that it is a matter of chance.
   (4) ___ Think that he will seldom appraise accurately.
   (5) ___ Think that it is impossible.

Choice	No.	%	Sigma p	Sigma p_1-p_2	p_1-p_2	"t"
(1)	1	.6	-	-	-	-
(2)	54	32.6	3.63	6.62	8.4	1.27
(3)	68	41.0	3.82			
(4)	23	13.8	2.67	5.34	27.2	5.10
(5)	20	12.0	2.52	5.17	29.0	5.60
Total	166					

If choice (3) were considered to extend from 3.00 to 3.99 the arithmetic mean of this distribution would be 3.542.

11. Would you like to use this supplemental form in evaluating officers under your direction?
(1) ___ Yes.
(2) ___ No.
(3) ___ Don't know.

Choice	No.	%	Sigma p	Sigma p_1-p_2	p_1-p_2	"t"
(1)	125	77.2	3.30			
(2)	28	17.3	2.97	5.26	59.9	11.40
(3)	9	5.5	-	-	-	-
Total	162					

12. Would you like <u>your</u> performance evaluated by the use of this supplemental form?
(1) ___ Yes.
(2) ___ No.
(3) ___ Don't know.

Choice	No.	%	Sigma p	Sigma p_1-p_2	p_1-p_2	"t"
(1)	123	75.0	3.38			
(2)	31	18.9	3.06	6.18	56.1	9.09
(3)	10	6.1	-	-	-	-
Total	164					

APPENDIX E

SUPPLEMENTAL RATING FORMS SHOWING THE COMPOSITE RATINGS ASSIGNED BY DEPARTMENT HEADS X, Y, AND Z TO THE NINE INTERNES UNDERGOING TRAINING DUTY AT THE GREAT LAKES NAVAL HOSPITAL

(attached)

MEDICAL OFFICER SUPPLEMENT *(Experimental form)*
OFFICER'S FITNESS REPORT
NavPers-310A

Date

THIS FORM WILL BE COMPLETED ON MEDICAL OFFICERS IN ADDITION TO AND IN CONJUNCTION WITH OFFICER'S FITNESS REPORT (NavPers-310A). IT WILL BE COMPLETED AND SIGNED BY THE SENIOR MEDICAL OFFICER OF THE COMMAND OR THE REPORTING SENIOR (IF A MEDICAL OFFICER). WHERE AN APPRAISAL BY A SENIOR MEDICAL OFFICER IN THE CHAIN OF COMMAND IS IMPOSSIBLE, ONLY QUESTIONS MARKED BY AN ASTERISK WILL BE GRADED AND WILL BE SIGNED BY THE REPORTING SENIOR WHO SIGNS THE OFFICER'S FITNESS REPORT.

NAME (LAST) (FIRST) (MIDDLE)	RANK AND CLASSIFICATION	FILE NO.
SHIP OR STATION	PERIOD OF REPORT (DATE FROM)	(DATE TO)
NAME OF OFFICER COMPLETING THIS FORM (RANK) (FILE NO.) COMPILATION FOR RATER X	OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON	

CHECK ALONG THE LINE THE DEGREE TO WHICH THIS OFFICER HAS PERFORMED OR EXHIBITED THE FUNCTIONS DESCRIBED. DESCRIPTIVE PHRASES BENEATH THE LINE ARE MERELY GUIDES TO INDICATE THE AMOUNT OR DEGREE OF THE FUNCTION REPRESENTED ALONG THE LINE. NO ENTRY WHICH IS MADE ON THIS FORM WILL BE CONSIDERED AN UNSATISFACTORY REPORT WHICH MUST BE REFERRED TO THE OFFICER FOR STATEMENT. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUESTION WHERE APPROPRIATE. ANY ENTRIES MADE IN AN "OUTSTANDING" BOX WILL REQUIRE A SPECIFIC STATEMENT IN SECTION 22 AS TO WHAT THIS OFFICER HAS DONE TO BE OUTSTANDING.

PRESCRIBED NAVAL DUTIES.

1. How well does this officer supervise and maintain records and reports as prescribed by Bu M & S Manual?

9x						☐
Not observed	DOESN'T KNOW WHAT IS REQUIRED.	LEAVES TO CLERICAL CORPSMEN.	OCCASIONALLY 'SPOT' CHECKS RECORDS AND REPORTS.	INSURES THAT GENERALLY ADMINISTERED PROPERLY.	ADEQUATELY SUPERVISES PREPARATION AND MAINTENANCE.	*Outstanding*

2. How well does this officer carry out an active campaign of preventative medicine?

9x						☐
Not observed	WILL IMMUNIZE WHEN DIRECTED.	WILL LECTURE WHEN REQUESTED.	MEETS CONDITIONS WHEN THEY BECOME APPARENT.	OCCASIONALLY SUGGESTS LECTURES AND CHECKS IMMUNIZATIONS.	ANTICIPATES AND TAKES MEASURES TO PREVENT.	*Outstanding*

3. How well does this officer take an active interest in ship or station hygiene and sanitation?

9x						☐
Not observed	PERFORMS ONLY ROUTINE INSTRUCTION AND INSPECTIONS.	INVESTIGATES COMPLAINTS PROMPTLY.	OCCASIONALLY SUGGESTS GROUP INSTRUCTION.	INSPECTS INFORMALLY ON OWN INITIATIVE.	VIGOROUSLY CARRIES OUT INSTRUCTION AND INSPECTIONS.	*Outstanding*

INTRASERVICE COOPERATION AND INTEREST.

4. How well does this officer cooperate with other corps of the Navy?

2x				X X	XXX XX	☐
Not observed	CONSIDERS MOST REQUESTS AN IMPOSITION.	ONLY AS REQUIRED BY REGULATIONS.	WILL COOPERATE WHEN ADVANTAGEOUS TO HIM.	MAKES AN EFFORT TO CARRY OUT REASONABLE REQUEST.	WILL GO OUT OF HIS WAY TO COOPERATE.	*Outstanding*

5. How well does this officer mix with members of other corps of the Navy?

2x			X X	X X	XX X	☐
Not observed	MIXES ONLY WHEN REQUIRED.	TENDS TO LIMIT CONTACTS TO MEDICAL OFFICERS.	OCCASIONALLY MIXES WITH OTHER OFFICERS	MIXES WELL WITH OTHER OFFICERS.	IS AN ASSET TO ANY GATHERING.	*Outstanding*

PATIENT ATTITUDE.

6. How much interest does this officer display toward his patients?

	XXX	XX	XXX	X		☐
Not observed	TREATS ALL PATIENTS WITH AN IMPERSONAL ATTITUDE.	OCCASIONALLY CONSIDERS PATIENTS INDIVIDUALLY.	GENERALLY CONSIDERS THE FEELINGS OF THE PATIENT.	DISPLAYS ACTIVE INTEREST TOWARD PATIENTS.	EXTENDS HIMSELF TO CONSIDER PATIENTS INDIVIDUALLY.	*Outstanding*

7. Does this officer display an active interest in all patients regardless of rank or rate?

X	X	X	X	XXXXX		☐
Not observed	TENDS TO LIMIT HIS PRACTICE TO OFFICERS.	TENDS TO HAVE CORPSMEN HANDLE ROUTINE SICK CALL.	WILL MINISTER INTERESTING ENLISTED CASES.	GENERALLY MINISTERS TO ENLISTED AND OFFICERS ALIKE.	ALWAYS MINISTERS TO ENLISTED AND OFFICERS ALIKE.	*Outstanding*

8. To what extent has there been any favorable or adverse patient comment concerning this officer's performance of duty?

X			XXXXX	XXX		☐
Not observed	PATIENTS COMPLAIN AND AVOID HIS SERVICES.	SEVERAL PATIENTS COMPLAIN ABOUT TREATMENT.	NO COMMENT EITHER WAY.	SEVERAL PATIENTS COMMENT FAVORABLY.	PATIENTS PRAISE ACTIONS AND SEEK SERVICES.	*Outstanding*

9. How punctual is this officer about his appointments?

	X X X	XX	XX	X X		☐
Not observed	INCONSIDERATE OF STAFF AND PATIENTS.	TENDS TO DISREGARD SCHEDULE.	OCCASIONALLY KEEPS STAFF AND PATIENTS WAITING.	SELDOM KEEPS PATIENTS WAITING.	MAKES EVERY EFFORT TO BE ON TIME.	*Outstanding*

(over)

PROFESSIONAL INTEREST AND PROFICIENCY.

10. How well does this officer keep himself informed by current reading about new medical techniques ano developments?

Not observed	MUST BE PROODED TO READ CURRENT LITERATURE.	WAITS TILL IT BECOMES COMMON PRACTICE BEFORE INVESTIGATING.	NORMALLY KNOWS ABOUT ONE THIRD OF THE ADVANCEMENTS.	DEVOTES ADEQUATE TIME TO KEEPING SELF REASONABLY INFORMED.	KEEPS HIMSELF WELL INFORMED THROUGH READING AND DISCUSSION.	Outstanding
	XX XX		X	XX X X		☐

11. How inquisitive is this officer to explore the potentialities of new techniques or developments?

Not observed	WILL NOT TRY ANYTHING TILL IT IS COMMON PRACTICE.	MUST BE PRODDED TO INVESTIGATE A NEW METHOD.	OCCASIONALLY SUGGESTS NEW TECHNIQUES.	ALWAYS OPEN MINDED IN THE DISCUSSION OF NEW DEVELOPMENTS.	IS FREQUENTLY SUGGESTING TRIAL OF NEW METHODS.	Outstanding
	X X X X		X	XXXX		☐

12. To what extent does this officer try to supplement his present knowledge by additional study, research or academic attendance?

Not observed	DOES NOT CONSIDER THIS IMPORTANT.	DOES MUCH TALKING BUT LITTLE DOING.	OCCASIONALLY MAKES AN EFFORT.	PERIODICALLY DEVOTES TIME FOR THIS PURPOSE.	CONTINUALLY TRIES TO ADVANCE HIS KNOWLEDGE.	Outstanding
	X		X X XX	XXXX		☐

13. What is this officer's medical specialty? _____

PERCENT OF PRESENT DUTY DEVOTED TO THIS SPECIALTY?

0 10 20 30 40 50 60 70 80 90 100

14. To what extent has this officer attempted to achieve certification in his specialty?

Not observed	HAS MADE NO EFFORT TOWARD CERTIFICATION.	IS CONSIDERING PREPARING FOR CERTIFICATION.	IS PREPARING FOR CERTIFICATION.	IS IN THE PROCESS OF BEING CERTIFIED.	HAS BEEN CERTIFIED.	Outstanding
						☐

15. How proficient is this officer regarding laboratory techniques?

Not observed	NEEDS ASSISTANCE IN ANALYSING RESULTS.	CAN INTERPRET RESULTS.	CAN OBSERVE AND CORRECT GROSS ERRORS.	CAN CHECK TECHNICIAN'S WORK	UNDERSTANDS TECHNIQUES AND THEIR APPLICATION.	Outstanding
	X XXXX	XXXX				☐

16. How resourceful is this officer when confronted with situations which require independent action, initiative and imagination?

Not observed	IS COMPLETELY BEFUDDLED BY UNUSUAL SITUATIONS.	BECOMES SLIGHTLY CONFUSED AND EXCITED.	REACTS NORMALLY AND WITH MODERATE EFFECTIVENESS.	VERY CAPABLE. SELDOM AT A LOSS.	ANTICIPATES SITUATIONS. EXTREMELY RESOURCEFUL.	Outstanding
		XXX	XXX XXX			☐

17. How well does this officer receive suggestions or advice?

Not observed	RESENTS BEING TOLD HOW TO DO THINGS.	WELCOMES FROM SENIORS, BUT RESENTS FROM EQUALS OR JUNIORS.	RECEIVES WITH RESERVATIONS.	USUALLY WELCOMES WITH SINCERITY.	WEIGHS CAREFULLY AND REACHES OWN DECISION.	Outstanding
			XXXX XX	X XX		☐

18. Does this officer seek advice when in doubt?

Not observed	MUDDLES THROUGH.	OCCASIONALLY DISCUSSES COMPLEX CASES.	SEEKS ADVICE WHEN PROGNOSIS IS NOT CLEAR.	INVARIABLY SEEKS ADVICE WHEN IN DOUBT.	SEEKS ADVICE AND OPINIONS RATHER THAN CHANCE MISTAKE.	Outstanding
		X XX	XXXXX	X		☐

19. To what extent does this officer go out of his way to follow the progress of a difficult case through to completion?

Not observed	LEAVES CARE TO NURSES AND CORPSMEN	VISITS PATIENT IRREGULARLY.	VISIT PATIENT ROUTINELY ONLY.	OCCASIONALLY 'LOOK IN' WHEN NOT ON DUTY.	DEVOTES ALL TIME SERIOUSNESS OF THE CASE DEMANDS.	Outstanding
		X XX	XXXX	X	X	☐

20. To what extent does this officer make an effort to train the corpsmen under his direction?

Not observed	NEVER DEVOTES TIME.	ONLY WHEN IT WILL DECREASE HIS WORK.	WILL STOP AND EXPLAIN CONDITIONS AND PROCEDURES.	TAKES PRIDE IN TRAINING ASSISTANTS.	CONSISTENTLY DEVOTES EXTRA TIME AND EFFORT.	Outstanding
	8X	X				☐

21. The number of medical officers in this rank attached to the command at this time is_____. If these officers were arranged in order, considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No.___of the total group.

22. (Comments relative to outstanding performance)

SIGNATURE OF OFFICER REPORTED ON *(only if this completed form has been shown to the officer reported on.)*

SIGNATURE OF REPORTING OFFICER

Rater X.

Enclosure (A)

MEDICAL OFFICER SUPPLEMENT *(Experimental form)*
OFFICER'S FITNESS REPORT
NavPers-310A

Date

THIS FORM WILL BE COMPLETED ON MEDICAL OFFICERS IN ADDITION TO AND IN CONJUNCTION WITH OFFICER'S FITNESS REPORT (NavPers-310A). IT WILL BE COMPLETED AND SIGNED BY THE SENIOR MEDICAL OFFICER OF THE COMMAND OR THE REPORTING SENIOR (IF A MEDICAL OFFICER). WHERE AN APPRAISAL BY A SENIOR MEDICAL OFFICER IN THE CHAIN OF COMMAND IS IMPOSSIBLE, ONLY QUESTIONS MARKED BY AN ASTERISK WILL BE GRADED AND WILL BE SIGNED BY THE REPORTING SENIOR WHO SIGNS THE OFFICER'S FITNESS REPORT.

NAME (LAST) (FIRST) (MIDDLE)	RANK AND CLASSIFICATION	FILE NO.
SHIP OR STATION	PERIOD OF REPORT (DATE FROM)	(DATE TO)
NAME OF OFFICER COMPLETING THIS FORM (RANK) (FILE NO.) COMPILATION FOR RATER Y.	OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON	

CHECK ALONG THE LINE THE DEGREE TO WHICH THIS OFFICER HAS PERFORMED OR EXHIBITED THE FUNCTIONS DESCRIBED. DESCRIPTIVE PHRASES BENEATH THE LINE ARE MERELY GUIDES TO INDICATE THE AMOUNT OR DEGREE OF THE FUNCTION REPRESENTED ALONG THE LINE. NO ENTRY WHICH IS MADE ON THIS FORM WILL BE CONSIDERED AN UNSATISFACTORY REPORT WHICH MUST BE REFERRED TO THE OFFICER FOR STATEMENT. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUESTION WHERE APPROPRIATE. ANY ENTRIES MADE IN AN "OUTSTANDING" BOX WILL REQUIRE A SPECIFIC STATEMENT IN SECTION 22 AS TO WHAT THIS OFFICER HAS DONE TO BE OUTSTANDING.

PRESCRIBED NAVAL DUTIES.

1. How well does this officer supervise and maintain records and reports as prescribed by Bu M & S Manual?

Not observed						*Outstanding*
9x	DOESN'T KNOW WHAT IS REQUIRED.	LEAVES TO CLERICAL CORPSMEN.	OCCASIONALLY 'SPOT' CHECKS RECORDS AND REPORTS.	INSURES THAT GENERALLY ADMINISTERED PROPERLY.	ADEQUATELY SUPERVISES PREPARATION AND MAINTENANCE.	☐

2. How well does this officer carry out an active campaign of preventative medicine?

Not observed						*Outstanding*
9x	WILL IMMUNIZE WHEN DIRECTED.	WILL LECTURE WHEN REQUESTED.	MEETS CONDITIONS WHEN THEY BECOME APPARENT.	OCCASIONALLY SUGGESTS LECTURES AND CHECKS IMMUNIZATIONS.	ANTICIPATES AND TAKES MEASURES TO PREVENT.	☐

3. How well does this officer take an active interest in ship or station hygiene and sanitation?

Not observed						*Outstanding*
9x	PERFORMS ONLY ROUTINE INSTRUCTION AND INSPECTIONS.	INVESTIGATES COMPLAINTS PROMPTLY.	OCCASIONALLY SUGGESTS GROUP INSTRUCTION.	INSPECTS INFORMALLY ON OWN INITIATIVE.	VIGOROUSLY CARRIES OUT INSTRUCTION AND INSPECTIONS.	☐

INTRASERVICE COOPERATION AND INTEREST.

4. How well does this officer cooperate with other corps of the Navy?

Not observed						*Outstanding*
2x	CONSIDERS MOST REQUESTS AN IMPOSITION.	XX ONLY AS REQUIRED BY REGULATIONS.	WILL COOPERATE WHEN ADVANTAGEOUS TO HIM.	XX MAKES AN EFFORT TO CARRY OUT REASONABLE REQUEST.	X X X WILL GO OUT OF HIS WAY TO COOPERATE.	☐

5. How well does this officer mix with members of other corps of the Navy?

Not observed						*Outstanding*
6x	MIXES ONLY WHEN REQUIRED.	TENDS TO LIMIT CONTACTS TO MEDICAL OFFICERS.	XXX OCCASIONALLY MIXES WITH OTHER OFFICERS	MIXES WELL WITH OTHER OFFICERS.	IS AN ASSET TO ANY GATHERING.	☐

PATIENT ATTITUDE.

6. How much interest does this officer display toward his patients?

Not observed						*Outstanding*
	TREATS ALL PATIENTS WITH AN IMPERSONAL ATTITUDE.	XX OCCASIONALLY CONSIDERS PATIENTS INDIVIDUALLY.	XXXX GENERALLY CONSIDERS THE FEELINGS OF THE PATIENT.	XX DISPLAYS ACTIVE INTEREST TOWARD PATIENTS.	EXTENDS HIMSELF TO CONSIDER PATIENTS INDIVIDUALLY.	☐

7. Does this officer display an active interest in all patients regardless of rank or rate?

Not observed						*Outstanding*
X	TENDS TO LIMIT HIS PRACTICE TO OFFICERS.	X X TENDS TO HAVE CORPSMEN HANDLE ROUTINE SICK CALL.	WILL MINISTER INTERESTING ENLISTED CASES.	X GENERALLY MINISTERS TO ENLISTED AND OFFICERS ALIKE.	XXXXX ALWAYS MINISTERS TO ENLISTED AND OFFICERS ALIKE.	☐

8. To what extent has there been any favorable or adverse patient comment concerning this officer's performance of duty?

Not observed						*Outstanding*
	X PATIENTS COMPLAIN AND AVOID HIS SERVICES.	SEVERAL PATIENTS COMPLAIN ABOUT TREATMENT.	XXXX NO COMMENT EITHER WAY.	X X SEVERAL PATIENTS COMMENT FAVORABLY.	X PATIENTS PRAISE ACTIONS AND SEEK SERVICES.	☐

9. How punctual is this officer about his appointments?

Not observed						*Outstanding*
2x	INCONSIDERATE OF STAFF AND PATIENTS.	X TENDS TO DISREGARD SCHEDULE.	XXX X OCCASIONALLY KEEPS STAFF AND PATIENTS WAITING.	SELDOM KEEPS PATIENTS WAITING.	X X MAKES EVERY EFFORT TO BE ON TIME.	☐

(over)

PROFESSIONAL INTEREST AND PROFICIENCY.

10. How well does this officer keep himself informed by current reading about new medical techniques and developments?

		XXX	X X	XXXX		
Not observed	MUST BE PRODDED TO READ CURRENT LITERATURE.	WAITS TILL IT BECOMES COMMON PRACTICE BEFORE INVESTIGATING.	NORMALLY KNOWS ABOUT ONE THIRD OF THE ADVANCEMENTS.	DEVOTES ADEQUATE TIME TO KEEPING SELF REASONABLY INFORMED.	KEEPS HIMSELF WELL INFORMED THROUGH READING AND DISCUSSION.	*Outstanding*

11. How inquisitive is this officer to explore the ootentialities of new techniques or developments?

		X X	X XX X	X X	X	
Not observed	WILL NOT TRY ANYTHING TILL IT IS COMMON PRACTICE.	MUST BE PRODDED TO INVESTIGATE A NEW METHOD.	OCCASIONALLY SUGGESTS NEW TECHNIQUES.	ALWAYS OPEN MINDED IN THE DISCUSSION OF NEW DEVELOPMENTS.	IS FREQUENTLY SUGGESTING TRIAL OF NEW METHODS.	*Outstanding*

12. To what extent does this officer try to supplement his present knowledge by additional study, research or academic attendance?

		X	XX	XXXXX	X	
Not observed	DOES NOT CONSIDER THIS IMPORTANT.	DOES MUCH TALKING BUT LITTLE DOING.	OCCASIONALLY MAKES AN EFFORT.	PERIODICALLY DEVOTES TIME FOR THIS PURPOSE.	CONTINUALLY TRIES TO ADVANCE HIS KNOWLEDGE.	*Outstanding*

13. What is this officer's medical specialty? _____

PERCENT OF PRESENT DUTY DEVOTED TO THIS SPECIALTY?

0 10 20 30 40 50 60 70 80 90 100

14. To what extent has this officer attempted to achieve certification in his specialty?

Not observed	HAS MADE NO EFFORT TOWARD CERTIFICATION.	IS CONSIDERING PREPARING FOR CERTIFICATION.	IS PREPARING FOR CERTIFICATION.	IS IN THE PROCESS OF BEING CERTIFIED.	HAS BEEN CERTIFIED.	*Outstanding*

15. How proficient is this officer regarding laboratory techniques?

	XX XX	XXX	XX			
Not observed	NEEDS ASSISTANCE IN ANALYSING RESULTS.	CAN INTERPRET RESULTS.	CAN OBSERVE AND CORRECT GROSS ERRORS.	CAN CHECK TECHNICIAN'S WORK	UNDERSTANDS TECHNIQUES AND THEIR APPLICATION.	*Outstanding*

16. How resourceful is this officer when confronted with situations which require independent action, initiative and imagination?

	X	XX	XXX X X		X	
Not observed	IS COMPLETELY BEFUDDLED BY UNUSUAL SITUATIONS.	BECOMES SLIGHTLY CONFUSED AND EXCITED.	REACTS NORMALLY AND WITH MODERATE EFFECTIVENESS.	VERY CAPABLE. SELDOM AT A LOSS.	ANTICIPATES SITUATIONS. EXTREMELY RESOURCEFUL.	*Outstanding*

17. How well does this officer receive suggestions or advice?

	X		X X	XXX XX	X	
Not observed	RESENTS BEING TOLD HOW TO DO THINGS.	WELCOMES FROM SENIORS. BUT RESENTS FROM EQUALS OR JUNIORS.	RECEIVES WITH RESERVATIONS.	USUALLY WELCOMES WITH SINCERITY.	WEIGHS CAREFULLY AND REACHES OWN DECISION.	*Outstanding*

18. Does this officer seek advice when in doubt?

2X	X		XXXXX	X		
Not observed	MUDDLES THROUGH.	OCCASIONALLY DISCUSSES COMPLEX CASES.	SEEKS ADVICE WHEN PROGNOSIS IS NOT CLEAR.	INVARIABLY SEEKS ADVICE WHEN IN DOUBT.	SEEKS ADVICE AND OPINIONS RATHER THAN CHANCE MISTAKE.	*Outstanding*

19. To what extent does this officer go out of his way to follow the progress of a difficult case through to completion?

3X			XXXXX	X		
Not observed	LEAVES CARE TO NURSES AND CORPSMEN	VISITS PATIENT IRREGULARLY.	VISIT PATIENT ROUTINELY ONLY.	OCCASIONALLY 'LOOK IN' WHEN NOT ON DUTY.	DEVOTES ALL TIME SERIOUSNESS OF THE CASE DEMANDS.	*Outstanding*

20. To what extent does this officer make an effort to train the corpsmen under his direction?

9X						
Not observed	NEVER DEVOTES TIME.	ONLY WHEN IT WILL DECREASE HIS WORK.	WILL STOP AND EXPLAIN CONDITIONS AND PROCEDURES.	TAKES PRIDE IN TRAINING ASSISTANTS.	CONSISTENTLY DEVOTES EXTRA TIME AND EFFORT.	*Outstanding*

21. The number of medical officers in this rank attached to the command at this time is_____. If these officers were arranged in order, considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No.___ of the total group.

22. (Comments relative to outstanding performance)

SIGNATURE OF OFFICER REPORTED ON *(only if this completed form has been shown to the officer reported on.)*

SIGNATURE OF REPORTING OFFICER

Rater Y.

Enclosure (A)

PROFESSIONAL INTEREST AND PROFICIENCY

MEDICAL OFFICER SUPPLEMENT *(Experimental form)*
OFFICER'S FITNESS REPORT
NavPers-310A

Date

THIS FORM WILL BE COMPLETED ON MEDICAL OFFICERS IN ADDITION TO AND IN CONJUNCTION WITH OFFICER'S FITNESS REPORT (NavPers-310A). IT WILL BE COMPLETED AND SIGNED BY THE SENIOR MEDICAL OFFICER OF THE COMMAND OR THE REPORTING SENIOR (IF A MEDICAL OFFICER). WHERE AN APPRAISAL BY A SENIOR MEDICAL OFFICER IN THE CHAIN OF COMMAND IS IMPOSSIBLE, ONLY QUESTIONS MARKED BY AN ASTERISK WILL BE GRADED AND WILL BE SIGNED BY THE REPORTING SENIOR WHO SIGNS THE OFFICER'S FITNESS REPORT.

NAME (LAST) (FIRST) (MIDDLE)	RANK AND CLASSIFICATION	FILE NO.
SHIP OR STATION	PERIOD OF REPORT (DATE FROM)	(DATE TO)
NAME OF OFFICER COMPLETING THIS FORM (RANK) (FILE NO.) COMPILATION FOR RATER Z.	OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON	

CHECK ALONG THE LINE THE DEGREE TO WHICH THIS OFFICER HAS PERFORMED OR EXHIBITED THE FUNCTIONS DESCRIBED. DESCRIPTIVE PHRASES BENEATH THE LINE ARE MERELY GUIDES TO INDICATE THE AMOUNT OR DEGREE OF THE FUNCTION REPRESENTED ALONG THE LINE. NO ENTRY WHICH IS MADE ON THIS FORM WILL BE CONSIDERED AN UNSATISFACTORY REPORT WHICH MUST BE REFERRED TO THE OFFICER FOR STATEMENT. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUESTION WHERE APPROPRIATE. ANY ENTRIES MADE IN AN "OUTSTANDING" BOX WILL REQUIRE A SPECIFIC STATEMENT IN SECTION 22 AS TO WHAT THIS OFFICER HAS DONE TO BE OUTSTANDING.

PRESCRIBED NAVAL DUTIES.

1. How well does this officer supervise and maintain records and reports as prescribed by Bu M & S Manual?

9x						
Not observed	DOESN'T KNOW WHAT IS REQUIRED.	LEAVES TO CLERICAL CORPSMEN.	OCCASIONALLY 'SPOT' CHECKS RECORDS AND REPORTS.	INSURES THAT GENERALLY ADMINISTERED PROPERLY.	ADEQUATELY SUPERVISES PREPARATION AND MAINTENANCE.	☐ *Outstanding*

2. How well does this officer carry out an active campaign of preventative medicine?

9x						
Not observed	WILL IMMUNIZE WHEN DIRECTED.	WILL LECTURE WHEN REQUESTED.	MEETS CONDITIONS WHEN THEY BECOME APPARENT.	OCCASIONALLY SUGGESTS LECTURES AND CHECKS IMMUNIZATIONS.	ANTICIPATES AND TAKES MEASURES TO PREVENT.	☐ *Outstanding*

3. How well does this officer take an active interest in ship or station hygiene and sanitation?

9x						
Not observed	PERFORMS ONLY ROUTINE INSTRUCTION AND INSPECTIONS.	INVESTIGATES COMPLAINTS PROMPTLY.	OCCASIONALLY SUGGESTS GROUP INSTRUCTION.	INSPECTS INFORMALLY ON OWN INITIATIVE.	VIGOROUSLY CARRIES OUT INSTRUCTION AND INSPECTIONS.	☐ *Outstanding*

INTRASERVICE COOPERATION AND INTEREST.

4. How well does this officer cooperate with other corps of the Navy?

9x						
Not observed	CONSIDERS MOST REQUESTS AN IMPOSITION.	ONLY AS REQUIRED BY REGULATIONS.	WILL COOPERATE WHEN ADVANTAGEOUS TO HIM.	MAKES AN EFFORT TO CARRY OUT REASONABLE REQUEST.	WILL GO OUT OF HIS WAY TO COOPERATE.	☐ *Outstanding*

5. How well does this officer mix with members of other corps of the Navy?

9x						
Not observed	MIXES ONLY WHEN REQUIRED.	TENDS TO LIMIT CONTACTS TO MEDICAL OFFICERS.	OCCASIONALLY MIXES WITH OTHER OFFICERS	MIXES WELL WITH OTHER OFFICERS.	IS AN ASSET TO ANY GATHERING.	☐ *Outstanding*

PATIENT ATTITUDE.

6. How much interest does this officer display toward his patients?

		X	X	X	X XXX XX	☐
Not observed	TREATS ALL PATIENTS WITH AN IMPERSONAL ATTITUDE.	OCCASIONALLY CONSIDERS PATIENTS INDIVIDUALLY.	GENERALLY CONSIDERS THE FEELINGS OF THE PATIENT.	DISPLAYS ACTIVE INTEREST TOWARD PATIENTS.	EXTENDS HIMSELF TO CONSIDER PATIENTS INDIVIDUALLY.	*Outstanding*

7. Does this officer display an active interest in all patients regardless of rank or rate?

				XXX	XXXXXX	☐
Not observed	TENDS TO LIMIT HIS PRACTICE TO OFFICERS.	TENDS TO HAVE CORPSMEN HANDLE ROUTINE SICK CALL.	WILL MINISTER INTERESTING ENLISTED CASES.	GENERALLY MINISTERS TO ENLISTED AND OFFICERS ALIKE.	ALWAYS MINISTERS TO ENLISTED AND OFFICERS ALIKE.	*Outstanding*

8. To what extent has there been any favorable or adverse patient comment concerning this officer's performance of duty?

	XX		XX	X	X XXX	☐
Not observed	PATIENTS COMPLAIN AND AVOID HIS SERVICES.	SEVERAL PATIENTS COMPLAIN ABOUT TREATMENT.	NO COMMENT EITHER WAY.	SEVERAL PATIENTS COMMENT FAVORABLY.	PATIENTS PRAISE ACTIONS AND SEEK SERVICES.	*Outstanding*

9. How punctual is this officer about his appointments?

These officers are required to be on time !

Not observed	INCONSIDERATE OF STAFF AND PATIENTS.	TENDS TO DISREGARD SCHEDULE.	OCCASIONALLY KEEPS STAFF AND PATIENTS WAITING.	SELDOM KEEPS PATIENTS WAITING.	MAKES EVERY EFFORT TO BE ON TIME.	☐ *Outstanding*

(over)

PROFESSIONAL INTEREST AND PROFICIENCY.

10. How well does this officer keep himself informed by current reading about new medical techniques ano developments?

Not observed	MUST BE PRODDED TO READ CURRENT LITERATURE.	WAITS TILL IT BECOMES COMMON PRACTICE BEFORE INVESTIGATING.	NORMALLY KNOWS ABOUT ONE THIRD OF THE ADVANCEMENTS.	DEVOTES ADEQUATE TIME TO KEEPING SELF REASONABLY INFORMED.	KEEPS HIMSELF WELL INFORMED THROUGH READING AND DISCUSSION.	*Outstanding*
	XX	XXXX		XX	X	☐

11. How inquisitive is this officer to explore the potentialities of new techniques or developments?

Not observed	WILL NOT TRY ANYTHING TILL IT IS COMMON PRACTICE.	MUST BE PRODDED TO INVESTIGATE A NEW METHOD.	OCCASIONALLY SUGGESTS NEW TECHNIQUES.	ALWAYS OPEN MINDED IN THE DISCUSSION OF NEW DEVELOPMENTS.	IS FREQUENTLY SUGGESTING TRIAL OF NEW METHODS.	*Outstanding*
	XX	XX	XX	XX	X	☐

12. To what extent does this officer try to supplement his present knowledge by additional study, research or academic attendance?

Not observed	DOES NOT CONSIDER THIS IMPORTANT.	DOES MUCH TALKING BUT LITTLE DOING.	OCCASIONALLY MAKES AN EFFORT.	PERIODICALLY DEVOTES TIME FOR THIS PURPOSE.	CONTINUALLY TRIES TO ADVANCE HIS KNOWLEDGE.	*Outstanding*
		X	X	XX	XXXXX	☐

13. What is this officer's medical specialty? _____

PERCENT OF PRESENT DUTY DEVOTED TO THIS SPECIALTY?

0 10 20 30 40 50 60 70 80 90 100

14. To what extent has this officer attempted to achieve certification in his specialty?

Not observed	HAS MADE NO EFFORT TOWARD CERTIFICATION.	IS CONSIDERING PREPARING FOR CERTIFICATION.	IS PREPARING FOR CERTIFICATION.	IS IN THE PROCESS OF BEING CERTIFIED.	HAS BEEN CERTIFIED.	*Outstanding*
						☐

15. How proficient is this officer regarding laboratory techniques?

Not observed	NEEDS ASSISTANCE IN ANALYSING RESULTS.	CAN INTERPRET RESULTS.	CAN OBSERVE AND CORRECT GROSS ERRORS.	CAN CHECK TECHNICIAN'S WORK	UNDERSTANDS TECHNIQUES AND THEIR APPLICATION.	*Outstanding*
	X	XXXXX	XX	X		☐

16. How resourceful is this officer when confronted with situations which require independent action, initiative and imagination?

Not observed	IS COMPLETELY BEFUDDLED BY UNUSUAL SITUATIONS.	BECOMES SLIGHTLY CONFUSED AND EXCITED.	REACTS NORMALLY WITH MODERATE EFFECTIVENESS.	VERY CAPABLE. SELDOM AT A LOSS.	ANTICIPATES SITUATIONS. EXTREMELY RESOURCEFUL.	*Outstanding*
X		X X X	XX XX	X		☐

17. How well does this officer receive suggestions or advice?

Not observed	RESENTS BEING TOLD HOW TO DO THINGS.	WELCOMES FROM SENIORS. BUT RESENTS FROM EQUALS OR JUNIORS.	RECEIVES WITH RESERVATIONS.	USUALLY WELCOMES WITH SINCERITY.	WEIGHS CAREFULLY AND REACHES OWN DECISION.	*Outstanding*
		X	XX	XXX X X X		☐

18. Does this officer seek advice when in doubt?

Not observed	MUDDLES THROUGH.	OCCASIONALLY DISCUSSES COMPLEX CASES.	SEEKS ADVICE WHEN PROGNOSIS IS NOT CLEAR.	INVARIABLY SEEKS ADVICE WHEN IN DOUBT.	SEEKS ADVICE AND OPINIONS RATHER THAN CHANCE MISTAKE.	*Outstanding*
			X XXXXX	XXX		☐

19. To what extent does this officer go out of his way to follow the progress of a difficult case through to completion?

Not observed	LEAVES CARE TO NURSES AND CORPSMEN	VISITS PATIENT IRREGULARLY.	VISIT PATIENT ROUTINELY ONLY.	OCCASIONALLY 'LOOK IN' WHEN NOT ON DUTY.	DEVOTES ALL TIME SERIOUSNESS OF THE CASE DEMANDS.	*Outstanding*
		X X	XXXXXX	X		☐

20. To what extent does this officer make an effort to train the corpsmen under his direction?

Not observed	NEVER DEVOTES TIME.	ONLY WHEN IT WILL DECREASE HIS WORK.	WILL STOP AND EXPLAIN CONDITIONS AND PROCEDURES.	TAKES PRIDE IN TRAINING ASSISTANTS.	CONSISTENTLY DEVOTES EXTRA TIME AND EFFORT.	*Outstanding*
5X	X		XXX			☐

21. The number of medical officers in this rank attached to the command at this time is_____. If these officers were arranged in order, considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No.____of the total group.

22. (Comments relative to outstanding performance)

SIGNATURE OF OFFICER REPORTED ON *(only if this completed form has been shown to the officer reported on.)*

SIGNATURE OF REPORTING OFFICER

Rater Z.

Enclosure (A)

APPENDIX F

MEDICAL OFFICER'S SUPPLEMENT AS REVISED BY ANSWERS AND COMMENTS RECEIVED FROM MEDICAL OFFICERS COMPRISING THE RANDOM SAMPLE OF THE NAVAL MEDICAL CORPS.

(In this section no attempt has been made to compose the format as would be done on a printed form. The format for these questions would be similar to that used in the experimental supplement.)

MEDICAL OFFICER SUPPLEMENT
OFFICER'S FITNESS REPORT
NavPers-310A (MS)

DATE

THIS FORM WILL BE COMPLETED ON MEDICAL OFFICERS IN ADDITION TO AND IN CONJUNCTION WITH OFFICER'S FITNESS REPORT (NavPers-310A). IT WILL BE COMPLETED AND SIGNED BY THE SENIOR MEDICAL OFFICER OF THE COMMAND OR THE REPORTING SENIOR (IF A MEDICAL OFFICER). WHERE AN APPRAISAL BY A SENIOR MEDICAL OFFICER IN THE CHAIN OF COMMAND IS IMPOSSIBLE, ONLY QUESTIONS MARKED BY AN ASTERISK WILL BE GRADED AND WILL BE SIGNED BY THE REPORTING SENIOR WHO SIGNS THE OFFICER'S FITNESS REPORT.

NAME (LAST) (FIRST) (MIDDLE)	RANK & CLASSIFICATION	FILE NO.

SHIP OR STATION	PERIOD OF REPORT (date from) (date to)

DUTIES ASSIGNED DURING PERIOD OF THIS REPORT

NAME OF OFFICER COMPLETING THIS FORM (rank) (file no.)	OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON

CHECK ALONG THE LINE THE DEGREE TO WHICH THIS OFFICER HAS PERFORMED OR EXHIBITED THE FUNCTIONS DESCRIBED. DESCRIPTIVE PHRASES BENEATH THE LINE ARE MERELY GUIDES TO INDICATE THE AMOUNT OR DEGREE OF THE FUNCTION REPRESENTED ALONG THE LINE. NO ENTRY WHICH IS MADE ON THIS FORM WILL BE CONSIDERED AN UNSATISFACTORY REPORT WHICH MUST BE REFERRED TO THE OFFICER FOR STATEMENT. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUESTION WHERE APPROPRIATE. ANY ENTRIES MADE IN AN "OUTSTANDING" BOX WILL REQUIRE A SPECIFIC STATEMENT IN SECTION 18 AS TO WHAT THIS OFFICER HAS DONE TO BE OUTSTANDING.

PRESCRIBED NAVAL DUTIES.

1. How well does this officer supervise and maintain records and reports as prescribed by Bu M & S Manual?

Outstanding
Adequately supervises preparation and maintenance
Insures that generally administered properly
Occasionally 'spot' checks records and reports
Leaves to clerical corpsmen
Doesn't know what is required
Not observed

*2. How well does this officer carry out an active campaign of preventive medicine?

Outstanding
Anticipates and takes measures to prevent
Occasionally suggests lectures and checks immunizations
Meets conditions when they become apparent
Will lecture when requested
Will immunize when directed
Not observed

*3. How well does this officer take an active interest in ship or station hygiene and sanitation?

Outstanding
Vigorously carries out instruction and inspections
Inspects informally on own initiative
Occasionally suggests group instruction
Investigates complaints promptly
Performs only routine instruction and inspections
Not observed

INTRASERVICE COOPERATION AND INTEREST

*4. How well does this officer cooperate with other corps of the Navy?

Outstanding
Will go out of his way to cooperate
Makes an effort to carry out reasonable request
Will cooperate when advantageous to him
Only as required by Regulations
Considers most requests an imposition
Not observed

PATIENT ATTITUDE

5. How much interest does this officer display toward his patients?

Outstanding
Extends himself to consider patients individually
Displays active interest toward patients
Generally considers the feelings of the patients
Occasionally considers patients individually
Treats all patients with an impersonal attitude
Not observed

6. Does this officer display an active interest in all patients regardless of rank or rate?

Outstanding
Always ministers to enlisted and officers alike
Generally ministers to enlisted and officers alike
Will minister interesting enlisted cases
Tends to have corpsmen handle routine sick call
Tends to limit his practice to officers
Not observed

PROFESSIONAL INTEREST AND PROFICIENCY

7. How well does this officer keep himself informed by current reading about new medical techniques and developments?

Outstanding
Keeps himself well informed through reading and discussion.
Devotes adequate time to keeping self reasonably informed
Is average in his knowledge of the advancements
Waits till it becomes common practice before investigating
Must be prodded to read current literature
Not observed

8. How inquisitive is this officer to explore the potentialities of accepted new techniques or developments?

Outstanding
Is frequently suggesting trial of new methods
Always open minded in the discussion of new developments
Occasionally suggests new techniques
Must be prodded to investigate a new method
Will not try anything till it is common practice
Not observed

9. To what extent does this officer try to supplement his present knowledge by additional study, research or academic attendance?

Outstanding
Continually tries to advance his knowledge
Periodically devotes time for this purpose
Occasionally makes an effort
Does much talking but little doing
Does not consider this important

10. How resourceful is this officer when confronted with situations which require independent action, initiative and imagination?

Outstanding
Anticipates situations, extremely resourceful
Very capable, seldom at a loss
Reacts normally with moderate effectiveness
Becomes slightly confused and excited
Is completely befuddled by unusual situations
Not observed

11. How well does this officer receive suggestions or advice?

Outstanding
Weighs carefully and reaches own decision
Usually welcomes with sincerity
Receives with reservations
Welcomes from seniors, but resents from equals or juniors
Resents being told how to do things
Not observed

12. Does this officer seek advice when in doubt?

Outstanding
Seeks advice and opinions rather than chance mistake
Invariably seeks advice when in doubt
Seeks advice when prognosis is not clear
Occasionally discusses complex cases
Muddles through
Not observed

13. To what extent does this officer go out of his way to follow the progress of a difficult case through to completion?

Outstanding
Devotes all time seriousness of the case demands
Occasionally 'look in' when not on duty
Visits patient routinely only
Visits patient irregularly
Leaves care to nurses and corpsmen
Not observed

*14. To what extent does this officer make an effort to train the corpsmen under his direction?

Outstanding
Consistently devotes extra time and effort
Takes pride in training assistants
Will stop and explain conditions
Only when it will decrease his work
Never devotes time
Not observed

15. The number of medical officers in this rank attached to the department or command at this time is____. If these officers were arranged in order, considering over-all usefulness to the Navy, from highest (No. 1) to poorest, this officer would be No.____ of the total group.

16. Is there any specialty of medicine for which this officer shows special aptitude and in which he should receive further training?

_____

_____

*17. Entries made on this form concerning this officer are based on:

___ Intimate daily contact
___ Recommendations of his Chief of Service
___ Occasional observations
___ Frequent observations of the results of his work
___ Infrequent observations of the results of his work
___ Official Reports

18. (Comments relative to outstanding performance)

_____

_____

_____

SIGNATURE OF OFFICER REPORTED ON (only if this completed form has been shown to the officer reported on)	SIGNATURE OF REPORTING OFFICER

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